

Pa22735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE FLORIDA

PA22735

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Peak Property and Casualty Insurance Corporation
(Name of Corporation)

DOCUMENT NUMBER: P22735

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shelley McEachen
(Name of Contact Person)

c/o Sentry Insurance a Mutual Company
(Firm/Company)

1800 North Point Drive
(Address)

Stevens Point, WI 54481
(City/State and Zip Code)

For further information concerning this matter, please call:

Shelley McEachen at (715) 346-7982
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 10, 2006

SHELLEY MCEACHEN
1800 N POINT DR
STEVENS POINT, WI 54481

SUBJECT: PEAK PROPERTY AND CASUALTY INSURANCE CORPORATION
Ref. Number: P22735

We have received your document for PEAK PROPERTY AND CASUALTY INSURANCE CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith
Document Specialist

Letter Number: 806A00024066

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Colorado in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Peak Property and Casualty Insurance Corporation
2. The principal office address: 1800 North Point Drive, Stevens Point WI 54481
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/26/1989 Document number: P22735

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

CHIEF FINANCIAL OFFICER
Director - Florida Office of Insurance Regulation

200 East Gaines St., Room 101A

(P.O. Box NOT acceptable)

Tallahassee, FL 32399-0305

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TALLAHASSEE FLORIDA

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

W O'Reilly
(Signature of an officer or director)

William M. O'Reilly, Secretary

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

N/A

(Signature of Registered Agent)

7/20/06

(Date)

If signing on behalf of an entity:

Florida Commissioner of Insurance

(Typed or Printed Name)

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

Sentry Insurance a Mutual Company
1800 North Point Drive
P.O. Box 8020
Stevens Point, WI 54481-8020

Patricia F. Mueske
Sr. Operational Support Technician
Corporate Legal Department

patti.mueske@sentry.com

715 346-7452
715 346-7028 Fax



July 20, 2006

Tracy Smith
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Peak Property and Casualty Insurance Corporation
NAIC No. 18139

On November 1, 2005, Peak Property and Casualty Insurance Corporation (Peak) was acquired by Sentry Insurance a Mutual Company. We are in the process of updating the registered agent for service of process wherever necessary.

Papers filed with the Secretary of State for Peak should be served on the Florida Commissioner of Insurance. The Commissioner is also the registered agent for the other members of the Sentry Group registered with your office. Therefore, enclosed for filing is the *Statement of Change of Registered Office and/or Registered Agent* naming the Commissioner the registered agent on behalf of Peak. The filing fee of \$35 had previously been paid.

Please note that on April 18, 2006, I submitted the form to the Florida Department of Insurance requesting the Commissioner's signature on the enclosed form (copy of letter attached). In a telephone conversation with them today, I was told that this form does not require the Commissioner's signature, and their office has never had to sign one before. We also have no records of garnering a signature from the Commissioner's office on our other registrations with your office.

Please notify me when this filing has been completed. My contact information is shown above if you should have any questions. Thank you.

Sincerely,

Patricia F. Mueske
Sr. Operational Support Technician
Corporate Legal Department

Enclosures