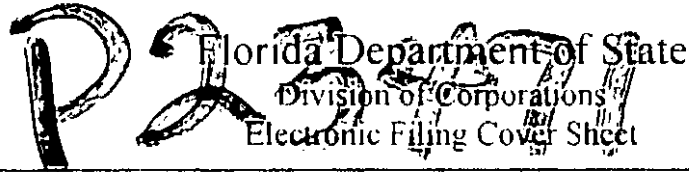


1/23/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000026877 3)))



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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
CENTURION CASUALTY COMPANY**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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JAN 27 2020

DocuSign Envelope ID: F8F26B32-41EF-418A-AB90-44F3B78647EA

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 Iowa _____ in order to change its registered office or registered agent, or both, in the State of Florida

1. The name of the corporation: Centurion Casualty Company
2. The principal office address: 9800HealthCareLane,MN006-W500,Minnetonka,MN55343
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/20/1989 Document number: P23471
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:(If resigned, enter resigned)

Reynolds,Jeanine1201HAYSSTREETTALLAHASSEE,FL32301

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

CTCorporationSystemc/oCTCorporationSystem,1200SouthPinelIslandRoadP.O. Box NOT acceptablePlantation,Florida33324
 SECRETARY OF STATE
TALLAHASSEE, FL

2020 JAN 24 AM 10:39

FILED

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.

DocuSigned by:

Heather Lang

Signature of an officer or director

Heather A. Lang, Assistant 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.

CTCorporationSystem

By:

Michele Miller

Signature of Registered Agent

1/23/2020

Date

If signing on behalf of an entity:

Michele Miller, Asst. Secretary

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 (03/12)