P05000145541

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

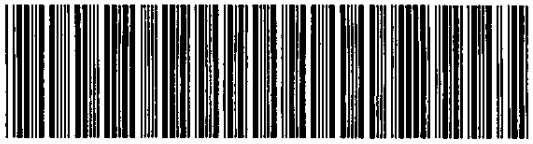
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

per Lyn - Go ahead and file. If CFO has problem w/it they will call. 3/1/18.

Office Use Only



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18 FEB 12 PM 3:48

Rachel
R. WHITE
MAR 01 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: FD Insurance Company
Name of Corporation

DOCUMENT NUMBER: P05000145524

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:

Truman Townzen
Name of Contact Person

NORCAL Mutual Insurance Company
Firm/Company

575 Market Street, Suite 1000
Address

San Francisco, CA 94105
City/State and Zip Code

compliance@norcal-group.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Truman Townzen at (415) 735-2381
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

CR2E045 (03/12)

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 Florida *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: FD Insurance Company

2. The principal office address: 4651 Salisbury Road, Suite 410, Jacksonville, FL 32256-6187

3. The mailing address (if different):

4. Date of incorporation/qualification: 10/28/2005 Document number: P05000145524

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)

Chief Financial Officer

Gaines Street

Tallahassee, FL 32399

18 FEB 12 PM 3:43

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

C T Corporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, FL 33324

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.

Signature of an officer or director

Kara Ricci, SVP, CLO, CCO & Corporate 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.

Signature of Registered Agent

2/5/2018

Date

If signing on behalf of an entity:

Mark Holloway, 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)