



State of Rhode Island
Department of State - Business Services Division

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Statement of Change of Agent
 DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00

Pursuant to the provisions of RIGL 7-1.2-502 or 7-1.2-1409 the undersigned corporation submits the following statement for the purpose of changing its registered agent in the State of Rhode Island:

1. Entity ID Number 000071475		2. Exact Name of the Corporation Farmers Direct Property and Casualty Insurance Company	
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address Not Displayed on website			
City/Town		State RHODE ISLAND	Zip
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: CT CORPORATION SYSTEM			
5. The address of the NEW registered office is: Street Address (<u>NOT</u> a P.O. Box) 222 Jefferson Boulevard, Suite 200			
City/Town Warwick		State RHODE ISLAND	Zip 02888
6. The name of the NEW registered agent is: Corporation Service Company			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
<input checked="" type="checkbox"/> Date received (Upon filing) Later effective date (Date must be no more than 30 days from the date of filing) _____			
<i>Under penalty of perjury, I declare and affirm that I have examined this Statement of Change of Registered Agent by the Corporation, and that all statements contained herein are true and correct.</i>			
Name of Authorized Officer of the Corporation J. Nicole Pryor			Date 7/14/2022
Signature of Authorized Officer of the Corporation Digitally signed by J. Nicole Pryor			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
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STAMP
 JUL 29 2022
 BY **LSYKAY**
 FOR