## REGISTERED LIMITED LIABILITY COMPANY

| No Filing Fee   | ID Number157111  |
|---|--|
|   | F CHANGE OF ADDRESS<br>RESIDENT AGENT  |
| Pursuant to the provisions of Section 7-16-11(c)(1) of the person signing on behalf of the resident agent, agent's address within this state:   | he General Laws, 1956, as amended, the undersigned resident agent, submits the following statement for the purpose of changing the |
| 1. The name of the limited liability company is:  |  |
| Pearl Ins   | surance Group, LLC   |
| The address of the resident agent as PRESENTLY shis: 10 Dorrance Street, Suite 530, Provident Street, Street, Suite 530, Provident Street, Stre | nown in the records on file with the Rhode Island Secretary of State ence, RI 02903  |
| 3. The NEW address of the resident agent is:  |  |
| 450 Veterans Memorial Parkway, Suit   | te 7A, East Providence, RI 02914   |
| 4. The change of address of the resident agent shall become   | ome effective upon the filing of this statement, or on   |
| (a date not prior to, nor more th   | nan 30 days after, the filing of this Statement)   |
|   | Under penalty of perjury, I declare that the information contained herein is true and correct.                                     |
| Date:6/14/13  | Kenneth J. Uva, Vice President   |
|   | Print Name of Resident Agent   |
| FILED   |  |
|   | Kenneth J. Uva   |
| JUN 1.7 2013  | Signature  |
| Ву  |  |