



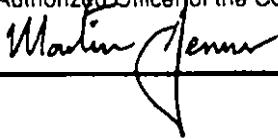
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 001665893	2. Exact Name of the Corporation Service American Indemnity Company		
3. The address of the registered office as PRESENTLY shown in the records on file with the RI Department of State: Street Address 222 Jefferson Boulevard, Suite 200			
City/Town Warwick	State RHODE ISLAND	Zip 02888	
4. The name of the registered agent as PRESENTLY shown in the records on file with the RI Department of State: Corporation Service Company			
5. The address of the NEW registered office is: Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A			
City/Town East Providence	State RHODE ISLAND	Zip 02914	
6. The name of the NEW registered agent is: C T Corporation System			
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONLY ONE BOX <input checked="" type="checkbox"/> Date received (Upon filing) <input type="checkbox"/> Later effective date (Date must be no more than 30 days from the day of filing) _____			
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.			
Name of Authorized Officer of the Corporation MARTIN JOHN CHARLES JENNS			Date 10/17/2018
Signature of Authorized Officer of the Corporation  SIGN DOCUMENT HERE.			

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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BY *CM* WMO49

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