## 12/1/2017 0550639

## Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o

0550639
Alison Lundergan Grimes
KY Secretary of State

Received and Filed 12/1/2017 3:19:09 PM Fee receipt: \$10.00

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

1. Name of current registered agent

## Statement of Change of Registered Office, Registered Agent, or Both

2. Registered agent is hereby changed to:

**RAC** 

P601

Pursuant to the provisions of KRS chapters 271B, 273, 275, or 362, the undersigned hereby applies to change the registered office, registered agent, or both on behalf of

## **EXCESS RISK REINSURANCE, INC.**

which is organized in the state of Mississippi, and for that purpose submits the following statements:

C T CORPORATION SYSTEM	Corporation Service Company
3. Address of current registered office	4. Registered office is hereby changed to:
306 W MAIN ST SUITE 512 FRANKFORT, KY 40601	421 West Main Street Frankfort, KY 40601
5. Signature of officer or chairman of the board	6. Consent of new agent
Matthew P. Dolan, President, Secretary & Treasurer Signature and Title	I consent to serve as the new registered agent on behalf of this corporation.
	Corporation Service Company
Tune or print name and title	Signature and Title
Type or print name and title	
12/1/2017 3:19 PM	Type or print name and title
Date	. Type of print name and alle