0612528 Alison Lundergan Grimes KY Secretary of State Received and Filed 6/5/2012 12:26:10 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

Statement of Change of Principal Office Address

POC

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

CENTRAL INSURANCE MANAGEMENT, INC.

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

| 1. Address of current principal office | 2. Principal office is hereby changed to: |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 3625 N. SHERIDAN ROAD PEORIA, IL 60633 | 8325 N. Allen Rd Suite B PEORIA, IL 61615 |
| 3. Signature of officer or chairman of the board Barbara L. Sutherland, Vice President | OK |
| Signature and Title Type or print name and title C/5/2012 12:26 DM | EALTON |
| 6/5/2012 12:26 PM Date | WE CONSTRUCTION OF CONSTRUCTUON OF |

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