



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/16/2014	201425900594	DOMESTIC AGENT SUBSEQUENT APPOINTMENT (AGS)	25.00	0.00	0.00	0.00	0.00

Receipt

This is not a bill. Please do not remit payment.

CORPORATION SERVICE COMPANY
ATTN B BEAVER
2711 CENTERVLE RD STE 400
WILMINGTON, DE 19808

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
923138

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

AMERICAN STANDARD INSURANCE COMPANY OF OHIO

and, that said business records show the filing and recording of:

Document(s)

DOMESTIC AGENT SUBSEQUENT APPOINTMENT
Effective Date: 09/15/2014

Document No(s):

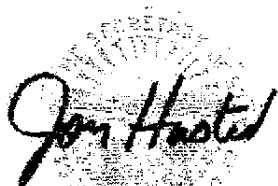
201425900594



United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
16th day of September, A.D. 2014.

Ohio Secretary of State



Form 521 Prescribed by:

JON HUSTED
Ohio Secretary of State

Central Ohio: (614) 466-3910

Toll Free: (877) SDS-FILE (767-3453)

www.OhioSecretaryofState.gov

Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)

P.O. Box 788

Columbus, OH 43216

Expedite Filing (Two-business day processing
time requires an additional \$100.00),

P.O. Box 1390

Columbus, OH 43216

2016 SEP 15 AM 9:58

Statutory Agent Update

Filing Fee: \$25

(CHECK ONLY ONE(1) BOX)

(1) Subsequent Appointment of Agent

- ☒ Corp (165-AGS)
- ☐ LP (165-AGS)
- ☐ LLC (171-LSA)
- ☐ Business Trust (171-LSA)
- ☐ Real Estate Investment Trust (171-LSA)

(2) Change of Address of an Agent

- ☐ Corp (145-AGA)
- ☐ LP (145-AGA)
- ☐ LLC (144-LAD)
- ☐ Business Trust (144-LAD)
- ☐ Real Estate Investment Trust (144-LAD)

(3) Resignation of Agent

- ☐ Corp (155-AGR)
- ☐ LP (155-AGR)
- ☐ LLC (153-LAG)
- ☐ Partnership (153-AGR)
- ☐ Business Trust (153-LAG)
- ☐ Real Estate Investment Trust (153-LAG)

Name of Entity **AMERICAN STANDARD INSURANCE COMPANY OF OHIO**Charter, License or Registration No. **923138**Name of Current Agent **Rick L. Laveer**

Complete the information in this section if box (1) is checked

Name and Address
of New Agent**CSC-Lawyers Incorporating Service (Corporation Service Company)**

Name of Agent

50 West Broad Street, Suite 1800

Mailing Address

Columbus

City

Ohio

State

43215

Zip Code

Complete the information in this section if box (1) is checked and business is an Ohio entity

ACCEPTANCE OF APPOINTMENT FOR DOMESTIC ENTITY'S AGENT

The Undersigned, CSC-Lawyers Incorporating Service (Corporation Service Company), named herein as the
Name of Agent
statutory agent for AMERICAN STANDARD INSURANCE COMPANY OF OHIO, hereby acknowledges
Name of Business Entity

and accepts the appointment of statutory agent for said entity.

CSC-Lawyers Incorporating Service (Corporation Service Company)

Signature: By: Sylvia Queppel

Individual Agent's Signature/Signature on behalf of Business Serving as Agent
Sylvia Queppel Assistant Vice President

Complete the information in this section if box (2) is checked

New Address of Agent

Mailing Address

City

Ohio
State

Zip Code

Complete the information in this section if box (3) is checked

The agent of record for the entity identified on page 1 resigns as statutory agent.

Current or last known address of the entity's principal office where a copy of this Resignation of Agent was sent as of the date of filing or prior to the date filed.

Mailing Address

City

State

Zip Code

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Agent update must be signed by an authorized representative (see instructions for specific information).

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

AMERICAN STANDARD INSURANCE COMPANY OF OHIO

Authorized Representative

By (if applicable)

Ann F. Wenzel

Print Name

Authorized Representative

By (if applicable)

Print Name