802193



ACCOUNT NO. : 072100000032

REFERENCE :

545880

AUTHORIZATION

COST LIMIT :

\$ 35.00

ORDER DATE: January 10, 2000

ORDER TIME : 2:03 PM

ORDER NO. : 545880-070

CUSTOMER NO:

4328999

300003108713-

CUSTOMER: Ms. Nancy Dowling

St. Paul Companies 385 Washington Street

Saint Paul, MN 551021396

CHANGE OF AGENT

NAME:

ST. PAUL MERCURY INSURANCE

COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

G. COULLIETTE JAN 2 5 2000

CONTACT PERSON: Sara Lea

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of Minnesota
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation is:
ST. PAUL MERCURY INSURANCE COMPANY
2. The mailing address of the corporation is: 385 WASHINGTON STREET
ST. PAUL, MN 55102
3. Date of incorporation/qualification: May 13, 1925 Document number: 802193
4. The name and address of the current registered agent and office:
INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE, FL 32301
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)
Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
authorized by the board.
(Date)
(Dafe)
BRUCE ALLEN BACKBERG, Vice President
(Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
Corporation Service Company,
By: Deliorah D. Skipper (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
DEBORAH D. SKIPPER Assistant Vice President
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *
CR2EO45(7/97)
DIVISION OF CORPORATIONS P. O. BOX 6327 TALLAHASSEE, FL 32314