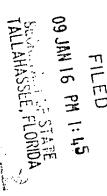
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TO ACKNOWLEDGE

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B. KOHR

JAN 1 6 2009

EXAMINER



ACCOUNT NO. : 072100000032

REFERENCE :

859685

AUTHORIZATION : (

COST LIMIT

ORDER DATE: January 16, 2009

ORDER TIME : 10:04 AM

ORDER NO. : 859685-016

CUSTOMER NO: 4385593

CHANGE OF AGENT

NAME: BENFIELD CORPORATE RISK LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY

CONTACT PERSON: Carina L. Dunlap

EXAMINER'S INITIALS:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	Name of the limited liability compa	any: BENFIELD (CORPORATE RISK LLC	
2. (a) Principal office address of limit (Note: MUST BE STREET A	(IDDRESS)	Suite 700 Minneapolis, MN 55431	
(1	b) Mailing address of limited liab (Note: MAY BE POST OFF)	ICE BOX)	_3600 American Boulevard West Suite 700 Minneapolis, MN_55431	
03/	/19/2001		M0100000593	
3. E	Date of filing/registration in Florida	<u>a</u> 4	I. Document number	
5. ((a) Registered Agent and Register	ed Office shown on the	ne records of the Florida Dept. of State:	· ED
	Registered Agent:		C T Corporation System	0
	Registered Office Address:		1200 South Pine Island Road Plantation, FL 33324	r
. (1	b) Enter name of <u>NEW Registere</u>	ed Agent and/or NEW	V Registered Office address:	
	NEW Registered Agent:		Corporation Service Company	
	NEW Registered Office Addre	ET ADDRESS)	1201 Hays Street	
			Tallahassee ,FL 32301	
that office here liabi limit	after the change or changes are made of the registered agent will be identified.	ade, the Florida street lentical. Or, in the cal as/were authorized by ided in the articles of	aws of the State of Florida, it is hereby confirmed address of the registered office and the business se of a Florida limited liability company, it is an affirmative vote of the members of the limit organization or the operating agreement of the	5
(Prin	ureen Cullen, Authorized Per ated or typed name of signee)	 -		
I he com fr.S. conf	ereby accept the appointment as re ply with the provisions of all statu familiar with and accept the obliga Or, if this document is being filed firm that the limited liability compa Corporation Service Compan	gistered agent and ag fes relative to the pro utions of my position of to merely reflect a cl any has been notified Y	ree to act in this capacity. I further agree to per and complete performance of my duties, and is registered agent as provided for in Chapter 60 hange in the registered office address, I hereby in writing of this change.	! I 08,

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00