

ACCOUNT NO.

072100000032

REFERENCE

426413

4328999

AUTHORIZATION

COST LIMIT

\$ 35.00

ORDER DATE: October 21, 1999

ORDER TIME :

9:18 AM

600003024996

ORDER NO.

426413-015

CUSTOMER NO:

4328999

CUSTOMER: Ms. Deborah R. Meuwissen

St. Paul Companies

385 Washington Street

Saint Paul, MN

CHANGE OF AGENT

NAME:

VICTORIA FIRE & CASUALTY

COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

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 Onio
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:  VICTORIA FIRE & CASUALTY COMPANY
2. The mailing address of the corporation is: Suite 210, 5915 LANDERBROOK DRIVE  CLEVELAND, OH 44124
3. Date of incorporation/qualification: October 25, 1988 Document number: P21440
4. The name and address of the current registered agent and office:
FLORIDA INSURANCE COMMISSIONER
THE CAPITOL
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 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.
Sendra Waher Wiese
(Signature of an officer, chairman or vice chairman of the board)
Sandra Ulsaker Wiese, Corporate_Secretary
(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
By: Delion h KO Skippy (10/21/96
By: LOLLIONAL NO. SREPPEN , 10/21/99 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
DEBORAH D. SKIPPER  (Typed or Printed Name)  (Typed or Printed Name)
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *
CR7F(\d5(7)\07\)