

22801
Attn: Karen Beyer

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850) 205-0380

From:

Account Name : FLORIDA INCORPORATORS, INC.
Account Number : 075350000473
Phone : (305) 379-7907
Fax Number : (305) 402-3141

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REGISTERED AGENT CHANGE

EQUITABLE LIFE & CASUALTY INSURANCE COMPANY

Certificate of Status	0
Certified Copy	1
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file per Karen Beyer 12/20/01

RA chg \$87.50
(2)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1503, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of UTAH 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: EQUITABLE LIFE & CASUALTY INSURANCE COMPANY

2. The mailing address of the corporation: III Triad Center, Ste. 200,

Salt Lake City, Utah 84180

3. Date of incorporation/qualification: 1/31/89

Document number: P22801

4. The name and address of the current registered agent and office:

Insurance Commissioner of Florida

Capitol Building

Tallahassee, Florida 32301

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

Florida Incorporators, Inc.

1221 Brickell Ave. Ste. 921-B

Miami, FL 33131

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.

[Signature]
(Signature of an officer, chairman or vice chairman of the board)

12/19/01

(Date)

Kendall R. Surfass, Secretary

(Printed or types 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.

[Signature]
(Signature of Registered Agent)

12/20/01

(Date)

If signing on behalf of an entity:

Mark Hankins

(Typed or Printed Name)

President

(Capacity)

*** FILING FEE: \$35.00 ***

CI:20045(5/00)

DIVISION OF CORPORATIONS

P.O. Box 6227

TALLAHASSEE, FL 32314

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1221 Brickell Ave. Ste. 921-B
Miami, FL 33131
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