

ACCOUNT NO. : 072100000032

REFERENCE

529547

4718027

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: April 15, 2002

ORDER TIME : 9:58 AM

ORDER NO. : 529547-090

200005326292

CUSTOMER NO: 4718027

CUSTOMER: Margaret Weber, Legal Asst

Wells Farqo & Company East

Mac #n9305-173

Sixth & Marquette Avenue Minneapolis, MN 55479

CHANGE OF AGENT

NAME: ACORDIA OF WEST VIRGINIA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Mimi Stephens

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 West Virginia
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 : ACORDIA OF WEST VIRGINIA, INC.
2. The mailing address of the corporation:
c/o Karen Johnson, P. O. Box 1551, Charleston, WV 25326
3. Date of incorporation/qualification: 06/16/1987 Document number: P14871
4. The name and address of the current registered agent and office:
C T Corporation System
1200 South Pine Island Road
Plantation, FL 33324
5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)
Corporation Service Company
1201 Hays Street
Tallahassee, Florida 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.
\mathcal{Y}_{i}
(Signature of an officer, chairman or vice chairman of the board) (Date)
Margaret M. Weber, Asst. 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 registered agent.
Mariano Cillia Whalle
(Signature of Registered Agent) (Date)
If signing on behalf of an entity:
Maureen Cullen Asst. Vice President
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)