04966



ACCOUNT NO.

072100000032

REFERENCE

121202

\$ 35.00

AUTHORIZATION

COST LIMIT

ORDER DATE: April 19, 2001

ORDER TIME :

5:11 PM

ORDER NO. :

121202-065

CUSTOMER NO:

7227563

900004042979----

CUSTOMER: Ms. Linda Pettigrew

Royal & Sun Alliance Usa

9300 Arrowpoint Blvd.

Mail Stop 1313

Charlotte, NC 28273

CHANGE OF AGENT

NAME:

THE SEA INSURANCE COMPANY OF

AMERICA

ETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY CPLAIN 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 NEW YORK	
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: THE SEA INSURANCE COMPANY OF AMERICA	
	_
2. The mailing address of the corporation: 9300 ARROWPOINT BLVD., MAIL STOP 1313	
CHARLOTTE, NC 28273	_
3. Date of incorporation/qualification: 11/14/1938 Document number: 804966	-=1
4. The name and address of the current registered agent and office:	E
INSURANCE COMMISSIONER TO TO THE TOTAL	ED
DEPARTMENT OF INSURANCE	
TALLAHASSEE, FL 32301	
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.	
Lua 2 Pia 4/17/01	
(Signature of an officer, chairman or vice chairman of the board) (Date)	•
LINDA Y. PETTIGREW, 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.	
Welvorah 10. Skipper (Signature of Registered Agent) (Date)	
n kamb D Skipper	
If signing on behalf of an entity: Deboration Courts as its agent	
(Typed or Printed Name) (Capacity)	
* * * FILING FEE: \$35.00 * * *	
CDOTALS(ARA)	-

CR2E045(9/00)

DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314