811311



ACCOUNT NO.

072100000032

REFERENCE

AUTHORIZATION

COST LIMIT

\$ 35.00

ORDER DATE: April 19, 2001

ORDER TIME: 10:57 AM

ORDER NO. : 120805-220

CUSTOMER NO: 7227563

CUSTOMER:

Ms. Linda Pettigrew

Royal & Sun Alliance Usa

9300 Arrowpoint Blvd.

Mail Stop 1313

Charlotte, NC 28273

400004035754

CHANGE OF AGENT

NAME:

ROYAL & SUNALLIANCE PERSONAL

INSURANCE COMPANY

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

	the provisions of sections 607.0502, 617.0502, 607.1508, or 61 ned corporation organized under the laws of the State of $NEW YOL$	
submits the fo	ollowing statement in order to change its registered office or reg	
the State of Florida. 1. The name of the corporation: ROYAL & SUNALLIANCE PERSONAL INSURANCE COMPANY		
I. The name o	or the corporation: ROTAL & SUNAIDIANCE FERSONAL INDUITABLE	
2. The mailing	ng address of the corporation: 9300 ARROWPOINT BLVD.	
CHARLOTT	TE, NC 28273	7.00
3. Date of inc	acorporation/qualification: 09/17/1956 Document num	nber: 811311
4. The name a	and address of the current registered agent and office:	FIL AFFAS AFFAS
	INSURANCE COMMISSIONER	- ED
	DEPARTMENT OF INSURANCE	- FST
	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 add	ddress of its registered office and the street address of the busine anged, will be identical.	ess office of its registered
Such change authorized by	e was authorized by resolution duly adopted by its board of direct	ctors or by an officer so
Au of	ture of an officer, chairman or vice chairman of the board)	<u>4/17/01</u> (Date)
/ (Signate	Acs 4	•
JUDY S. SPIT	TZER, Secretary (Printed or typed name and title)	*
corporation,	n named as registered agent and to accept service of process for , I hereby accept the appointment as registered agent and agree ree to comply with the provisions of all statutes relative to the p e of my duties, and I am familiar with and accept the obligation	roner and complete
Kleborah	(Signature of Registered Agent) (Date)	90/01
		•
	behalf of an entity:	
DEBORAH D.	SKIPPER, Asst. Vice President (Typed or Printed Name) (Car	pacity)
* * * FILING FEE: \$35.00 * * *		

CR2E045(9/00)