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G. Coulliste DEC 1 6 2004



ACCOUNT NO. : 072100000032

REFERENCE : 082323 7100037

AUTHORIZATION :

COST LIMIT : \$105,000

ORDER\_DATE : December 14, 2004

ORDER TIME : 9:27 AM

ORDER NO. : 082323-890

CUSTOMER NO: 7100037

CUSTOMER: Mr. Adam G. Morris

Farmers Insurance Group 4680 Wilshire Boulevard

Los Angeles, CA 90010

CHANGE OF AGENT

NAME: WESTERN STAR UNDERWRITERS,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

## 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,	this statement of
=	itted for a corporation organized under the		in order
to change its reg	gistered office or registered agent, or both, i	n the State of Florida.	
1. The name of	the corporation: WESTERN STAR UNDERWRITE	TERS, INC.	
2. The principal	office address: 5600 Beech Tree Lane		
Grand Rapi	ds, MI 49501	<u> </u>	
3. The mailing a	address (if different): P.O. Box 2450		
Grand Rapi	ds MI 49501		
4. Date of incor	poration/qualification: May 30, 1972	Document number: 828039	
	d street address of the current registered ages rtment of State:	nt and registered office on file with the	
	C T Corporation System		_
	1200 South Pine Island Road		94 SE( 7AL
	Plantation, FL 33324		PEC CRETA
6. The name and (if changed):	d street address of the new registered agent (	if changed) and /or registered office	FILED  04 DEC 16 AM 11: 3  SECRETARY OF STATE ALLAHASSEE FLOSIO
	Corporation Service Company		
	1201 Hays Street		<i>₹</i> ₩ <b>3</b>
	(P.O. Box or personal mail	box NOT acceptable)	_
	Tallahassee, FL 32301		_
The street addr	ess of its registered office and the street ad e identical.	dress of the business office of its regist	ered agent, as
Such change w the board, or th	as authorized by resolution duly adopted be corporation has been notified in writing	y its board of directors or by an officer of the change.	so authorized by
Man	Signature of an officer or director)	Maureen Cullen, Attorney in Fa (Printed or typed name and	
I further agree duties, and I an being filed mer	the appointment as registered agent and a to comply with the provisions of all statute in familiar with and accept the obligation of ely to reflect a change in the registered off writing of this change.	agree to act in this capacity. es relative to the proper and complete p of my position as registered agent. Or, fice address, I hereby confirm that the c	erformance of my if this document is orporation has
Coffporation S	Service Company (Signature of Registered Agent)	December 9, 2004 (Date)	
If signing on be	ehalf of an entity:		
Jacqueline M	. Giles	Assistant Vice President	
(Typed or Printed Name)		(Capacity)	

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