

ACCOUNT NO.

072100000032

REFERENCE

120805

AUTHORIZATION

COST LIMIT

\$ 35.00

ORDER DATE: April 19, 2001

ORDER TIME : 11:0 AM

ORDER NO. : 120805-200

CUSTOMER NO: 7227563

CUSTOMER: Ms. Linda Pettigrew

Royal & Sun Alliance Usa

9300 Arrowpoint Blvd.

Mail Stop 1313

Charlotte, NC 28273

900004035739

CHANGE OF AGENT

NAME:

PHOENIX ASSURANCE COMPANY OF

NEW YORK

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Mimi Stephens

DIVISION OF CORPORATION

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 617.150 the undersigned corporation organized under the laws of the State of NEW HAMPSHI	08, Florida Statutes,
submits the following statement in order to change its registered office or register	red agent, or both in
the State of Florida.	g system, in
1. The name of the corporation: PHOENIX ASSURANCE COMPANY OF NEW YORK	
2. The mailing address of the corporation: 9300 ARROWPOINT BLVD.	
CHARLOTTE, NC 28273	TASE O
3. Date of incorporation/qualification: 12/31/1977 Document number:	839753 EF 78 TI
4. The name and address of the current registered agent and office:	ASSI ASSI
INSURANCE COMMISSIONER	THE B
DEPARTMENT OF INSURANCE	1: 28 1: 28
TALLAHASSEE, FL 32301	DA W
 The name and address of the new registered agent (if changed) and/or registered of (P. O. Box Not Acceptable) 	office (if changed):
Corporation Service Company	
1201 Hays Street	i i
Tallahassee, Florida 32301	
The street address of its registered office and the street address of the business office agent, as changed, will be identical.	ce of its registered
Such change was authorized by resolution duly adopted by its board of directors or authorized by the board.	by an officer so
Linda S. Prince	101
(Signature of an officer, chairman or vice chairman of the board)	ate)
LINDA Y. PETTIGREW, Secretary	
(Printed or typed name and title)	•
Having been named as registered agent and to accept service of process for the absorption, I hereby accept the appointment as registered agent and agree to act I further agree to comply with the provisions of all statutes relative to the proper apperformance of my duties, and I am familiar with and accept the obligation of my pregistered agent.	ove stated in this capacity. nd complete position as
Kliborah W. Skipau (Signature of Registered Agent) (Date)	0/
If signing on behalf of an entity:	
DEBORAH D. SKIPPER, Asst. Vice President (Typed or Printed Name) (Canacity)	THE COLUMN
(Capacity)	
* * * FILING FEE: \$35.00 * * *	

P.O. Box 6327

TALLAHASSEE, FL 32314

CR2E045(9/00)

DIVISION OF CORPORATIONS