42128



ACCOUNT NO. : 072100000032

REFERENCE : 554534

4328999

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : - January 17, 2000

ORDER TIME : 11:54 AM

ORDER NO. : 554534-165

CUSTOMER NO: 4328999

CUSTOMER: Ms. Nancy Dowling

St. Paul Companies 385 Washington Street

Saint Paul, MN 551021396

CHANGE OF AGENT

900003108229--1.

DISCOVER PROPERTY & CASUALTY

INSURANCE COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED_COPY_

XX PLAIN STAMPED COPY

C. COULLIETTE JAN 2 4 2000

CONTACT PERSON: Sara Lea



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 6. he undersigned corporation organized under the law.	
ubmits the following statement in order to change i	its registered office or registered agent, or both, in
he State of Florida.	
. The name of the corporation is: Discover Prop NORTHBROOK NATIONAL INSURANCE COMPANY)	perty & Casualty Insurance Company (Formerly
2. The mailing address of the corporation is: Suite 2	2600, 500 MADISON STREET
CHICAGO , IL 60661	
. Date of incorporation/qualification: December 20,	, 1979 Document number: 842128
. The name and address of the current registered age	ent and office:
FLORIDA INSURANCE COMMISSIONER	TAE 8
THE CAPITOL	
TALLAHASSEE, FL 32301	ASS SS
6. The name and address of the new registered agent	and office: (P. O. Box Not Acceptable)
Corporation Service Company	- ST &
1201 Hays Street	
Tallahassee, FL 32301	
The street address of its registered office and the stagent, as changed, will be identical.	treet address of the business office of its registered
Such change was authorized by resolution duly adoguthorized by the board.	opted by its board of directors or by an officer so
Sandra Wooher Wiese	1/13/00
(Signature of an officer, chairman or vice chairman of the	board) (Date)
Sandra Ulsaker Wiese, Corporate Secret	tary
(Printed or typed name and title)	
Having been named as registered agent and to accep corporation, I hereby accept the appointment as regis further agree to comply with the provisions of all stoperformance of my duties, and I am familiar with and registered agent.	istered agent and agree to act in this capacity. Intutes relative to the proper and complete
Corporation Service Company	. 1-17-00
(Signature of Registered Agent)	(Date)
f signing on behalf of an entity:	
(Typed or Printed Name)	(Capacity)
*** FILING F	FEE: \$35.00 * * *
	·
CR2EO45(7/97)	

P. O. Box 6327

TALLAHASSEE, FL 32314

DIVISION OF CORPORATIONS