

842143



ACCOUNT NO. : 072100000032

REFERENCE : 545880 4328999

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : January 10, 2000

ORDER TIME : 2:08 PM

ORDER NO. : 545880-085

CUSTOMER NO: 4328999

500003108715--3

CUSTOMER: Ms. Nancy Dowling
St. Paul Companies
385 Washington Street

Saint Paul, MN 551021396

CHANGE OF AGENT

NAME: NORTHBROOK INDEMNITY COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Sara Lea

G. COULLETTE JAN 25 2000

FILED
00 JAN 24 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
00 JAN 24 PM 3:15
DEPARTMENT OF STATE
DIVISION OF CORPORATE AFFAIRS
TALLAHASSEE, FLORIDA

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 Illinois 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 is: NORTHBROOK INDEMNITY COMPANY
2. The mailing address of the corporation is: Suite H1A, 3075 SANDERS ROAD
NORTHBROOK, IL 60062-7127
3. Date of incorporation/qualification: December 21, 1979 Document number: 842143
4. The name and address of the current registered agent and office:

FLORIDA INSURANCE COMMISSIONER

THE CAPITOL

TALLAHASSEE, FL 32301

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

FILED
00 JAN 24 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Maureen Ann Phillips
(Signature of an officer, chairman or vice chairman of the board)

1/11/00
(Date)

MAUREEN ANN PHILLIPS, Vice President
(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.

Corporation Service Company

By: Deborah D. Skipper
(Signature of Registered Agent)

1-11-00
(Date)

If signing on behalf of an entity:

DEBORAH D. SKIPPER

(Typed or Printed Name)

Assistant Vice President

(Capacity)

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