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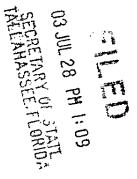
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US CorpWorks Inc.

An Operating Affiliate of NRAI
3500 East 17th Avenue
Denver, CO 80206
888.967.5799 Fax 303.393.8900
stillapaugh@uscorpworks.com

July 22, 2003

Via US Mail

Division of Corporations Florida Department of State P. O. Box 6327 Tallahassee, FL 32314

Re: HCC Employee Benefits, Inc.

Dear Madam/Sir:

Enclosed for filing in your office are the following document(s) along with a check covering your fees:

Change of Registered Agent

Please call the toll-free number listed above if for any reason the filings can not be made.

Thank you for your time and consideration in this matter

Sincerely,

Sabrina Tillapaugh

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

this statement	of change is submitted for a corpor	9, 617.0502, 607.1508, or 617.1508, Florida ration organized under the laws of the State o	f
of Florida. 1. The name of	in order to change its reg	istered office or registered agent, or both, in Benefits, Inc.	the State
	al office address: 5555 San Felipe,		
	address (if different): c/o HCC-Deb	ora Green, 13403 Northwest Freeway	
	***************************************	2003 Locument number: F03000003	# S
	nd street address of the current regi artment of State:	sterod agent and registered office on file with	萬戶
	Corporation Service Company	= 9	ZARY
	1201 Hays Street		
	Tallahassas El 32301,2525		
6. The name a changed):		stered agent (if changed) and /or registered	₩(M
	526 East Park Avenue	=	
	(F.C So. or presented Tallahassee, FL 32301	maileo NOT Liceptable;	
		street address of the business office of its re	
Such changely authorized by t	as authorized by resolution duly a he board, or the corporation has b	dopted by its board of directors or by an offi een notified in writing of the change. Christopher L. Martin, EVP & Secretary	cer so
	r, chairman or vice chairman of the board)	(Printed or typed name and title)	
I hereby accept I further agree performance of registered ager office address,	t the appointment as registered ag to comply with the provisions of a f my duties, and I am familiar with tt. Or, if this document is being fi I hereby confirm that the corpora	rent and agree to act in this capacity. ill statutes relative to the proper and comple i and accept the obligation of my position as led merely to reflect a change in the register tion has been notified in writing of this chan	te ed ege.
	ngantare st Kagerimee sport	July 2√ , 2003	
If signing on beha	" \	Michael Mirrione, Assistant Secretary	
·	Pypod or Transid Name)	- SC aggress	*****

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