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ACCOUNT NO. : 072100000032 REFERENCE : 332996 7188063 AUTHORIZATION : COST LIMIT : ORDER DATE: August 24, 2006 ORDER TIME : 9:20 AM ORDER NO. : 332996-010 CUSTOMER NO: 7188063 CHANGE OF AGENT NAME: E\*TRADE INSURANCE SERVICES, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX PLAIN STAMPED COPY CONTACT PERSON: Amanda Haddan

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.050 unge is submitted for a corporation organ er to change its registered office or regist	nized under the laws of the State of $\_{^{ m C}}$	alifornia	is 	-
1. The name of	the corporation: E*TRADE Insurance Ser	rvices, Inc.			
		Menlo Park, California 94025			
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: July 20, 2006	Document number: F06000004	4934		
	d street address of the current registered a rtment of State:	gent and registered office on file with	the		
	John D. Hatch, Esquire				
	1267 Berkshire Lane, Suite 200		<del></del>		-
	Tarpon Springs, Florida 34688				
6. The name and (if changed):	d street address of the new registered ager	nt (if changed) and /or registered offic	HASSEE,	2006 AUG 28	FLE
	Corporation Service Company	· · · · · · · · · · · · · · · · · · ·	- F.S.	AM II: 32	0
	1201 Hays Street		DRIE DE	ည	
	(P.O. Box NOT acceptable)	)	$\triangleright$	N	
	Tallahassee, FL 32301				
The street address changed will	ess of its registered office and the street be identical.	address of the business office of its	registere	d agen	t,
Such change was authorized by the	as authorized by resolution duly adopted the board, or the corporation has been no	d by its board of directors or by an o tified in writing of the change.	fficer so		
Cent	Tua bock	Cynthia Bock - Secretary			
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent an the appointment as registered agent an to comply with the provisions of all stat ad I am familiar with and accept the obl ing filed merely to reflect a change in th s been notified in writing of this change. I Service Company	(Printed or typed name and till ad agree to act in this capacity name and till utes relative to the proper and compigation of my position as registered the registered office address, I hereby	,	orman )r, if th that th	ce vis vie
By:	· · · ·	8-24-06 (Date)	·		
) (Si	mature of Registered Agent)	(Date)			
If signing on be	half of an entity:				
<u>Sylvi</u>	A Quenet (Typed or Printed Name)				
	* * * FILING FE	EE: \$35.00 * * *			

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)