



F95000004825

ACCOUNT NO. : 072100000032

REFERENCE : 554534 4328999

AUTHORIZATION :

Patricia Pujot

COST LIMIT : \$ 35.00

ORDER DATE : January 17, 2000

ORDER TIME : 11:34 AM

ORDER NO. : 554534-080

CUSTOMER NO: 4328999

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

Saint Paul, MN 551021396

FILED
00 JAN 24 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

600003108226--0

NAME: ST. PAUL MEDICAL LIABILITY
INSURANCE COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
XX PLAIN STAMPED COPY

G. COULLIETTE JAN 24 2000

CONTACT PERSON: Sara Lea

RECEIVED
00 JAN 24 PM 1:46
DIVISION OF CORPORATIONS
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 Minnesota 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: ST. PAUL MEDICAL LIABILITY INSURANCE COMPANY

2. The mailing address of the corporation is: 385 WASHINGTON STREET
ST. PAUL, MN 55102

3. Date of incorporation/qualification: October 3, 1995 Document number: F95000004825

4. The name and address of the current registered agent and office:

INSURANCE COMMISSIONER
CAPITOL BUILDING
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

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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.

Sandra Ulsaker Wiese
(Signature of an officer, chairman or vice chairman of the board)

1/13/00
(Date)

Sandra Ulsaker Wiese, Corporate Secretary
(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)

1-17-00
(Date)

If signing on behalf of an entity:

DEBORAH D. SKIPPER
(Typed or Printed Name)

Assistant Vice President
(Capacity)

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