

997000002726

ACCOUNT NO. 072100000

REFERENCE : 761739 4385593

AUTHORIZATION :

Patricia Kizut

COST LIMIT : \$ 35.00

ORDER DATE : September 26, 2002

ORDER TIME : 10:21 AM

ORDER NO. : 761739-075

CUSTOMER NO: 4385593

700008179197--5

CUSTOMER: Ms. Leonor De La Torre
Aon Corporation
Aon Center
200 East Randolph Drive
Chicago, IL 60601

CHANGE OF AGENT

NAME: AON MANAGED CARE RISK &
INSURANCE SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

FILED
02 OCT -3 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
02 OCT -3 AM 11:49
DIVISION OF CONFIRMATION

C. Coulliette OCT 03 2002

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 California 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 : _____

AON MANAGED CARE RISK & INSURANCE SERVICES, INC.

2. The mailing address of the corporation : 200 East Randolph Dr., 4th Fl.

Chicago, IL 60601

3. Date of incorporation/qualification: May 22, 1997 Document number: F97000002726

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

CT Corporation System

1200 South Pine Island Road

Plantation, FL 33324

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

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

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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 Cullen
(Signature of an officer, chairman or vice chairman of the board)

09/04/2002
(Date)

Maureen Cullen, Attorney in Fact

(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

Carol K. Dolor
(Signature of Registered Agent)

September 04, 2002
(Date)

If signing on behalf of an entity:

Carol K. Dolor

(Typed or Printed Name)

Assistant Vice President

(Capacity)

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