ACCOUNT NO.

REFERENCE

578624

7138407

400003127824

AUTHORIZATION

\$ 35.00 COST LIMIT

ORDER DATE : February 7, 2000

ORDER TIME : 11:26 AM

ORDER NO. : 578624-010

CUSTOMER NO: 7138407

CUSTOMER: Ms. Debra Green

Hcc Insurance Holdings, Inc.

13403 Northwest Freeway

Houston, TX 77040-6094

CHANGE OF AGENT

NAME: HCC EMPLOYER SERVICES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY

CONTACT PERSON: Janine Lazzarini

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 Alabama
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: HCC EMPLOYER SERVICES, INC.
2. The mailing address of the corporation is: 7200 COPPERFIELD DRIVE
MONTGOMERY, AL 36117
3. Date of incorporation/qualification: June 2, 1997 Document number: F97000002847
4. The name and address of the current registered agent and office:
ROBERT J. CALDWELL S
215 S. MONROE STREET E
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
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
1-31-00
(Signature of an officer, charman or vice chairman of the board) (Date)
Christopher L. Martin, Vice President & 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.
By: (Signature of Registered Agent) Corporation Service Company (Date)
If signing on behalf of an entity: Deborah Schroder Authorized Representative (Capacity)
(Typed or Printed Name) (Capacity)
* * * FIT INC FEE: \$35.00 * * *

CR2EO45(7/97)