F9900005927





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SECRETARY OF STATE

R.A. Change

T BROWN DEC 1 0 2002



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

November 20, 2002

ALLIANCE OF AMERICAN INSURERS CORPORATION 3025 HIGHLAND PARKWAY SUITE 800 DOWNERS GROVE, IL 60515-1289

SUBJECT: ALLIANCE OF AMERICAN INSURERS CORPORATION Ref. Number: F99000005927

We have received your document for ALLIANCE OF AMERICAN INSURERS CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

_Letter Number: 102A00062733

Teresa Brown Document Specialist



December 6, 2002

Ms. Teresa Brown
Document Specialist
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Brown:

Alliance of American Insurers Change of Registered Office/Agent

Enclosed, please find our corrected "Statement of Change of Registered Office or Registered Agent or Both For Corporations."

Please contact me at (630) 724-2133 if you have any questions or require any additional information.

Sincerely,

Joyce E. Kraeger

Attorney - Regulation, Tax, Law & Claims

G:\TAXLAW\JEK\CORPORATE LEGAL\FL - CHANGE OF REG, AGENT.DOC

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

the undersigned corporation organized under the laws of the State of	
submits the following statement in order to change its registered office or rethe State of Florida.	egistered agent, or both, in
1. The name of the corporation : Alliance of American Insurers Corporation	lon
	#:
2. The mailing address of the corporation: 3025 Highland Parkway. Suite 804	0
Downers Grove, li 60515	
3. Date of incorporation/qualification: 11/16/1999 Document m	umber: F99000005927
4. The name and address of the current registered agent and office:	LO PA
CT Corporation System	stered office (if changed):
1200 South Pine Island Rd.	
Plantation, FL 33324	Ka K
5. The name and address of the new registered agent (if changed) and/or regi (P. O. Box Not Acceptable)	stered office (if changed):
William H. Stander/Alliance of American Insurers	
215 S. Monroe St., Suite 440	
Tallahassee, FL 32301	<u></u> ,
The street address of its registered office and the street address of the busin agent, as changed, will be identical.	ness office of its registered
Such change was authorized by resolution duly adopted by its board of direct authorized by the board.	ectors or by an officer so
(Signature of an officer, chairman or vice chairman of the board)	10189102 (Date)
Gregory W. Heidrich/Sr. Vice President, Secretary and Treasurer (Printed or typed name and title)	. .
Having been named as registered agent and to accept service of process for corporation, I hereby accept the appointment as registered agent and agree I further agree to comply with the provisions of all statutes relative to the performance of my duties, and I am familiar with and accept the obligation registered agent. (Signature of Registered Agent)	or the above stated the to act in this capacity. The proper and complete or of my position as
If signing on behalf of an entity:	
(Typed or Printed Name) (Co	apacity)
* * * FILING FEE: \$35.00 * * *	

P.O. Box 6327

TALIAHASSEE, FL 32314

DIVISION OF CORPORATIONS