

Fireman's Fund
Insurance Company

L99000001987



May 17, 1999

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

900002883769--9
-05/24/99-01069-005
****35.00 ****35.00

**Re: Statement of Change of Registered Agent – EmployersLinksm of Florida,
L.L.C**

To Whom It May Concern:

I have enclosed the completed form (INHS 18(9/97)) indicating the change in registered agent for the above company.

A check (# 1586137) in the amount of \$35 to cover the filing fee is also enclosed.

Please send confirmation of this change to:

Mary Coyne
General Counsel's Office
Fireman's Fund Insurance Company
777 San Marin Dr.
Novato, CA 94998-4100

FILED
99 MAY 24 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Thank you,

Ruth Friedman, CPCU
Paralegal

Enclosure

cc: Susan Bryant
John Stevens

L99000001987
208 EALM
5-24-99

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company 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 limited liability company is: EmployersLinkSM of Florida, L.L.C.
2. The mailing address of the limited liability company is: 5951 Cattleridge Rd.,
Sarasota, FL 34232

April 8, 1999
3. Date of filing/registration in Florida

L99000001987
4. Document number

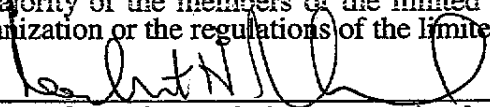
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Constance P. Harding
Name
5951 Cattleridge Road
Address
Sarasota, FL 34232
City, State and Zip

6. The name and address of the new registered agent and/or office:


Terri Ann Stevens
Name
5951 Cattleridge Road
Florida street address (P.O. Box NOT acceptable)
Sarasota, FL 34232
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of a majority of the members of the limited liability company or as otherwise provided in the articles of organization or the regulations of the limited liability company.


(Signature of a member or authorized representative of a member)

Robert H. Rheel
(Printed or typed name of signee)

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 obligations of my position as registered agent. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILED
99 MAY 24 PM 3:03
TALLAHASSEE, FL
SECRETARY OF STATE