Florida Department

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I20000000195 : (850)521-1000

Fax Number : (850)558-1575

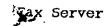
REGISTERED AGENT CHANGE

INVESTORS INSURANCE CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Corporate Filing Menu

Electronic Filing Menu



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

Pursuant to the provisions of sections 607.0502, 617.0502 statement of change is submitted for a corporation organizing in order to change its registered office or register.	ized under the laws of the State of De	iaware		
1. The name of the corporation: INVESTORS INSUR	ANCE CORPORATION			
2. The principal office address:	·			
2970 Hartley Road, Suite 300, Jacksonville, FL	32257			
3. The mailing address (if different): P. O. Box 56050, Jacksonville, FL 32241-6050	·			
4. Date of incorporation/qualification: 06/21/1984	. Document number: P02484			
5. The name and street address of the current registered as Florida Department of State:		he		
Susan F. Powell				
8380 Baymeadows Rd., Ste. 12				
Jacksonville, FL 32256	,			
6. The name and street address of the new registered agent (if changed):		HAN THE	2009 NOV -	Change Parket
Corporation Service Company		SET -	9-	Shadisade (
1201 Hays Street			P# 10:	j II j
(P.O. Box NOT acceptable)			Ö	
Taliahassee, FL 32301			9	
The street address of its registered office and the street as changed will be identical.	address of the business office of its re	gistere	d agent,	
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no	I by its board of directors or by an off tified in writing of the change.	ficer so	•	
Me	Maxine H. Verne, Sr. VP	. Sec	retarv	, <u>.</u>
(Signature of an officer or director)	(Printed or typed name and title)	Gene	ral Co	unsel
I hereby accept the appointment as registered agent and I further agree to comply with the provisions of all state of my duties, and I am familiar with and accept the oblid document is being filed merely to reflect a change in the corporation has been notified in writing of this change. Corporation Service Company		ete perf gent, C confirm	ormance Ir, if this that the	!
By: (Signature of Registered Agent)	4/6/U 9 (Date)			
If signing on behalf of an entity:	(Sury)			
Elizabeth A. Dawson, Asst. Vice President (Typed or Printed Name)				

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE .

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)