

22735

ACCOUNT NO.

072100000032

REFERENCE

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE: April 19, 2001

ORDER TIME :

10:52 AM

ORDER NO. : 120805-190

CUSTOMER NO: 7227563

CUSTOMER: Ms. Linda Pettigrew

Royal & Sun Alliance Usa

9300 Arrowpoint Blvd.

Mail Stop 1313

Charlotte, NC 28273

CHANGE OF AGENT

NAME:

PEAK PROPERTY AND CASUALTY

INSURANCE CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CONTACT PERSON: Mimi Stephens

700004035747--n

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 NORTH CAROLINA
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: PEAK PROPERTY AND CASUALTY INSURANCE CORPORATION
7. The mailing of dragge of the company to a second
2. The mailing address of the corporation: 9300 ARROWPOINT BLVD.
CHARLOTTE, NC 28273
3. Date of incorporation/qualification: 01/26/1989 Document number: P22735
4. The name and address of the current registered agent and office:
INSURANCE COMMISSIONER
DEPARTMENT OF INSURANCE
TALLAHASSEE, FL 32301
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, Florida 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.
(Signature of an officer, chairman or vice chairman of the board)
(Date)
LINDA Y. PETTIGREW, 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.
Ulborah O. Skroar H20/01 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
DEBORAH D. SKIPPER, Asst. Vice President
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)