29354



ACCOUNT NO.

072100000032

REFERENCE

AUTHORIZATION

COST LIMIT :

\$ 35.00

ORDER DATE: April 19, 2001

ORDER TIME :

11:12 AM

ORDER NO. :

120805-155

800004035958--2

CUSTOMER NO:

7227563

CUSTOMER:

Ms. Linda Pettigrew

Royal & Sun Alliance Usa

9300 Arrowpoint Blvd.

Mail Stop 1313

Charlotte, NC 28273

CHANGE OF AGENT

NAME:

GUARANTY NATIONAL INSURANCE

COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY _ PLAIN STAMPED COPY

CONTACT PERSON: Mimi Stephens

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

the undersigne	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, and corporation organized under the laws of the State of CLORADO
submits the fol the State of Flo	lowing statement in order to change its registered office or registered agent, or both, in orida.
	f the corporation: GUARANTY NATIONAL INSURANCE COMPANY
_	address of the corporation: 9300 ARROWPOINT BLVD.
	orporation/qualification: 05/16/1990 Document number: P29354 S T
3. Date of inc	orporation/qualification: 05/16/1990 Document number: P29354 5 0 F
4. The name a	nd address of the current registered agent and office:
	INSURANCE COMMISSIONER OF THE STATE OF THE S
	FLORIDA DEPARTMENT OF INSURANCE
	TALLAHASSEE, FL 32301
5. The name a	nd 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 add agent, as char	lress of its registered office and the street address of the business office of its registered aged, 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.	
Drag	4/17/01
(Signatu	re of an officer, chairman or vice chairman of the board) (Date)
LINDA Y. PET	· · · · · · · · · · · · · · · · · · ·
corporation,	(Printed or typed name and title) named as registered agent and to accept service of process for the above stated I hereby accept the appointment as registered agent and agree to act in this capacity. se to comply with the provisions of all statutes relative to the proper and complete of my duties, and I am familiar with and accept the obligation of my position as ent.
-	(Signature of Registerled/Agent) 420/01 (Date)
If signing on be	half of an entity:
DEBORAH D. SKIPPER, Asst. Vice President (Typed or Printed Name) (Capacity)	
	(Typed of Armico Hame)

CR2E045(9/00)

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