

837318

CENTURION

LIFE INSURANCE COMPANY

January 4, 2002

206 Eighth Street
Des Moines, Iowa 50309
515/243-2131

Florida Division of Corporations
PO Box 6327
Tallahassee, FL 32314

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-01/08/02--01016--003
*****35.00 *****35.00

Re: Registered Agent - Centurion Life Insurance Company and
Centurion Casualty Company

Dear Sir or Madam:

Please file the enclosed change of registered agent forms.

Sincerely,

Faye L. Kunz

Faye L. Kunz
Legal Assistant II

FILED
02 JAN -8 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JLB
1-14 (2)



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 Missouri 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 : Centurion Life Insurance Company

2. The mailing address of the corporation : 206 8th Street, Des Moines, IA 50309

3. Date of incorporation/qualification: 11/03/76 Document number: 837318

4. The name and address of the current registered agent and office:

J. F. Drumheller

250 International Parkway, Suite 146

Heathrow, FL 32746

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

R. E. Good

same

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TALLAHASSEE, FLORIDA

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)

12/7/01
(Date)

Steve R. Wagner, President

(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.

(Signature of Registered Agent)

12/19/01
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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