

837318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

C. Coullotte DEC 17 2003



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 342211 4319772

AUTHORIZATION : *Patricia Pigato*

COST LIMIT : \$ 35.00

ORDER DATE : December 2, 2003

ORDER TIME : 1:30 PM

ORDER NO. : 342211-030

CUSTOMER NO: 4319772

CUSTOMER: Ms. Faye L. Kunz-mac-f4030-101  
Wells Fargo Financial, Inc.  
206 8th Street

Des Moines, IA 50309

CHANGE OF AGENT

NAME: CENTURION LIFE INSURANCE  
COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Carla E. Lohi

**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, this statement of change is submitted for a corporation organized under the laws of the State of Missouri 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 principal office address: 206 8th Street, Des Moines, IA 50309

3. The mailing address (if different): 800 Walnut St., Des Moines, IA 50309-3636

4. Date of incorporation/qualification: 11/03/1976 Document number: 837318

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

R.E. Good

The Crescent at Primera, Building Five  
255 Primera Blvd., Suite 328

Lake Mary, FL 32746

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

(P.O. Box or personal mailbox NOT acceptable)

Tallahassee, FL 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, or the corporation has been notified in writing of the change.

(Signature of an officer, chairman or vice chairman of the board)

Patricia J. McFarland, Secretary  
(Printed or typed name and title)

*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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

(Signature)  
(Signature of Registered Agent)

(Date)

If signing on behalf of an entity:

Anne M. Martin

(Typed or Printed Name)

Asst. Vice President

(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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