Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

843244

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REGISTERED AGENT CHANGE

INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCI

Certificate of Status	0
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Page Count	01
Estimated Charge	$35.00

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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 Oklahoma *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDENT

2. The principal office address: 5500 N. Western AvenueSuite 200, Oklahoma City, OK 73118

3. The mailing address (if different): P.O. Box 14998Oklahoma City, OK 73113-0998

4. Date of incorporation/qualification: 05/16/1979 Document number: 843244

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

2025 MAY 14 PM 2:39

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

Corporate Creations Network Inc.

801 US Highway 1

P.O. Box NOT acceptable

North Palm Beach, FL 33408

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.

Adia Myles
Signature of an officer or director

Adia Myles, Attorney-in-Fact
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.

Adia Myles
Signature of Registered Agent

May 14, 2025
Date

If signing on behalf of an entity:

Adia Myles, Special Secretary
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 (04/13)