## [U]000000119

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



600315140496

06/28/18--01017--026 \*\*35.00

JUL 0 2 2018 S. YOUNG STORETARY OF STAFF
ALLAHASSEE, FLORID



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302~636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: June 26, 2018

Order#: 261129-027

Re: MUNICH RE US LIFE CORPORATION

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX \_\_\_ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Georgia registered agent, or both, in the State of Florida.
1. The name of t	he corporation: MUNICH RE US I	LIFE CORPORATION
2. The principal	office address: 5701 Golden Hills	Drive, Minneapolis, MN 55416-1297
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 02/05/2007	7 Document number: F0700000719
	I street address of the current regist tment of State: (If resigned, enter r	tered agent and registered office on file with the resigned)
	C T Corporation System	
	1200 South Pine Island Road	, <b></b>
	Plantation	FL 33324
6. The name and (if changed):	I street address of the new registere	ed agent (if changed) and /or registered office
	Corporation Service Company	
	1201 Hays Street	ATE RIDE
	PO B	ov NOT acceptable  FL 32301
The street addre as changed will	ess of its registered office and the be identical.	street address of the business office of its registered agent,
Such change was authorized by th	is authorized by resolution duly ac ne board, or the corporation has be	dopted by its board of directors or by an officer so ben notified in writing of the change.
Xiel	2 aoni	Jill Cilmi, Vice President
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	to comply with the provisions of a my duties, and I am familiar with	
By: (Sign	nature of Registered Agent	06/26/2018 Date
If signing on be	half of an entity:	
Ami M. Casper,	Asst. Vice President	
Ty	sped or Printed Name	

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