

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000004737

Entity Name: ELLENDALE INSURANCE AGENCY, LLC

Current Principal Place of Business:

919 N. MARKET STREET
SUITE 725
WILMINGTON, DE 19801

Current Mailing Address:

401 PENNSYLVANIA PARKWAY
SUITE 300
INDIANAPOLIS, IN 46280 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MBR
Name DELAWARE LIFE INSURANCE
COMPANY
Address 1601 TRAPELO ROAD
SUITE 30
City-State-Zip: WALTHAM MA 02451

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL S. BLOOM

SENIOR VP OF MEMBER 04/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date