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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SCOTT BOJCZUK

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent **Officer/Director Detail :** Title DCEO Title DCFO MULLEN, JOHN Name HAGELY, TODD J Name 1281 MURFREESBORO ROAD Address City-State-Zip: NASHVILLE TN 37217

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.

Address City-State-Zip: NASHVILLE TN 37217 Title DSEC BOJCZUK, SCOTT J Name Address 1281 MURFREESBORO ROAD

NASHVILLE TN 37217 City-State-Zip:

Entity Name: RIGHT CHOICE INSURANCE AGENCY, INC.

Current Principal Place of Business:

1281 MURFREESBORO ROAD NASHVILLE. TN 37217

DOCUMENT# F0500004033

Current Mailing Address:

1281 MURFREESBORO ROAD NASHVILLE. TN 37217

FEI Number: 20-3003783

Name and Address of Current Registered Agent:

NRAI SERVICES, INC. 515 E. PARK AVENUE TALLAHASSEE, FL 32301 US

SIGNATURE:

FILED Mar 12, 2013 Secretary of State CC6157628919

Certificate of Status Desired: No

1281 MURFREESBORO ROAD

SECRETARY

03/12/2013

Date

Date