

5/1/2019

2019-05-01 13:48:43 GST

16144554862 From: James Tanks III

Division of Corporations

**Florida Department of State**  
**Division of Corporations**  
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Division of Corporations  
 Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (614)280-3338  
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 TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE**  
**GUARANTY INCOME LIFE INSURANCE COMPANY**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

MAY 02 2019

S. YOUNG

Electronic Filing Menu

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

1. The name of the corporation: Guaranty Income Life Insurance Company
2. The principal office address: 118 2nd Ave SE, Cedar Rapids, IA 52401
3. The mailing address (if different): 2638 S. Sherwood Forest Blvd., Ste. 200, Baton Rouge, LA 70816
4. Date of incorporation/qualification: 5/9/1938 Document number: 804904
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)

Chief Financial Officer

200 E. Gaines Street

Tallahassee, FL 32399

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

Deborah Tatro  
Signature of an officer or director

Deborah Tatro Sr. Vice President

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.

By: ST Corporation System  
Hiedi M. Liesch  
Signature of Registered Agent

05/01/2019

Date

If signing on behalf of an entity:

Hiedi M. Liesch, Asst. 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 (03/12)

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