809871

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ACCOUNT NO. : 072100000032 REFERENCE : 7392401 AUTHORIZATION COST LIMIT ORDER DATE: September 7, 2006 ORDER TIME : 10:45 AM ORDER NO. : 359383-005 CUSTOMER NO: 7392401 CHANGE OF AGENT RENAISSANCE LIFE & HEALTH NAME: INSURANCE COMPANY OF AMERICA PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CONTACT PERSON: Amanda Haddan

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 Delaware
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Renaissance Life & Health Insurance Company of America
2. The principal office address: 4100 Okemos Rd., Okemos, MI 48864
SE
3. The mailing address (if different): PO Box 30381, Lansing, MI 48909
4. Date of incorporation/qualification: 2/23/1965 Document number: 809871
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Michael Szemeredy
4506 Netherwood Drive
Tampa, FL 33624
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Corporation Service Company
1201 Hays St.
(P.O. Box NOT acceptable) Tallahassee, FL 32301
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 ally 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.
(Signature of an officer or director) Patrick T. Cahill, Director & Secretary (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.
Michelle R. Vannoy, Asst. VP If signing on behalf of an entity: Sept. 7 2006 (Date)
Corporation Service Company (Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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