809871

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000273998 3)))

H06000273998ABCB

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. *Doing so will generate another cover sheet.*

To:
Division of Corporations
Fax Number : (850)205-0380

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

FILED
06 NOV 13 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
06 NOV 14 AM 8:00
DIVISION OF CORPORATIONS

REGISTERED AGENT CHANGE

RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERI

Certificate of Status	0
Certified Copy	0
Page Count	02 5
Estimated Charge	$35.00

Please backdate to: Nov. 13th.

Thank You!

Electronic Filing Menu Corporate Filing Menu Help

RA Change
11/14/06 DC

November 13, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA
PO BOX 30381
LANSING, MI 48909US

SUBJECT: RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA
REF: 809871

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain the name and capacity of the person signing on behalf of the new registered agent.

PLEASE LIST THE NAME AND CAPACITY OF THE PERSON SAMANTHA JONES IS SIGNING AS ATTORNEY IN FACT FOR.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6906.

Darlene Connell
Document Specialist

FAX Aud. #: H06000273998
Letter Number: 606A00066447

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 Road Okemos, MI 48864

3. The mailing address (if different): PO Box 30381 Lansing, MI 48909

4. Date of incorporation/qualification: 02/23/1965 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:

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32301-2525

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

FILED
06 NOV 13 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

(Signature of an officer or director) Samantha Jones, Attorney in Fact
(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.

C T Corporation System
By: CONNIE BRAY SPECIAL ASSISTANT SECRETARY
(Signature of Registered Agent) 11-10-2006 (Date)

If signing on behalf of an entity:

Connie Bray
(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 (8/05)

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT Patrick T. Cahill, Executive Vice President under the laws of Michigan, and of the subsidiary entities shown on the list appended hereto does hereby appoint Ryan N. Kenigsberg and Samantha Jones of CT Corporation as attorney-in-fact for the Corporation and for all subsidiary entities listed to act for the Corporation for the sole, limited purpose, authorized herein.

The Corporation and the subsidiary entities listed, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to change the Corporation's and the subsidiary entities' registered agent and registered office, or the agent and office of similar import, in any state, as directed and authorized by the Corporation. The attorney-in-fact will not make such changes without the prior approval of the Corporation.

In the execution of any documents necessary for the sole, limited purpose, set forth herein, Ryan N. Kenigsberg and/or Samantha Jones shall exercise the power of Vice President and/or Secretary.

This Power of Attorney expires when revoked by the undersigned.

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this 18th day of October, 2006.

Renaissance Health Service Corporation

Name:

Exec VP, Administration
Title:

Subscribed and sworn to before me this 18th day of October, 2006.

Notary Public

SHERRI A. ERICKSON
NOTARY PUBLIC - STATE OF MICHIGAN
COUNTY OF INGHAM
My Commission Expires Jan. 3, 2009
Acting in the County of Ingham

Subsidiaries of

Renaissance Health Service Corporation

American Dencare, LLC
Delta Dental Fund
Delta Dental Plan of Florida
Delta Dental Plan of Indiana, Inc.
Delta Dental Plan of Michigan, Inc.
Delta Dental Plan of Mississippi
Delta Dental Plan of Ohio, Inc.
Delta Vision Center, Inc.
Great Lakes Delta Insurance Company
Group Benefit Administrators, LLC
Renaissance Health Services Corporation
Renaissance Holding Company
Renaissance Life & Health Insurance Company
Renaissance Life & Health Insurance Company of America
Renaissance Systems & Services LLC
U.S. Dental Care, Inc.