809871

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
AFFARASSEE, FLORID



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Vera M. Norris

Date: October 15, 2013

Order#: 837014-109

Re: RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Vera M. Norris

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX ___ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If ther read any problems or questions with this filing, please call our problems

QUCA.XCOA

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ange is submitted for a corpord	02, 617.0502, 607.1508, or 617 ation organized under the laws ee or registered agent, or both,	s of the State of Ne	ebraska	
1. The name of	the corporation: RENAISSAN	CE LIFE & HEALTH INSURA	NCE COMPANY C	OF AMERICA	
2. The principal	office address: 225 South Ea	st Street Suite 260 Indianapol	is, IN 46202-4002		
3. The mailing	address (if different): PO BOX	30381 LANSING, MI 48909			
4. Date of incor	poration/qualification: 02/23/	1965 Document nu	umber: 809871		
	d street address of the current rtment of State: (If resigned, e	registered agent and registered nter resigned)	office on file with	the	
	C T CORPORATION SYST	EM			
	1200 SOUTH PINE ISLAND	ROAD			
	PLANTATION	FL 3	33324		
6. The name an (if changed):	d street address of the new reg	istered agent (if changed) and	or registered offic	ee	
	Corporation Service Compa	ny	. .		
	1201 Hays Street		<u></u>		
	Tallahassee	P.O Box NOT acceptable	32301		
		I the street address of the busi ally adopted by its board of dir as been notified in writing of			,
	1242	Dona Priebe	•	Vice President	
I hereby accept I further agree performance of agent. Or, if it hereby confirm Corporation	to comply with the provisions f my duties, and I am familiar ais document is being filed me	Printed of agent and agree to act in the sof all statutes relative to the with and accept the obligation rely to reflect a change in the notified in writing of this change of the October 7, 2013	or typed name and title his capacity, proper and compl on of my position a cregistered office a lange.	BECRETTER PH 4:	FILED
	ehalf of an entity:			28 RIDA	
Sarah Wright,					
	Typed or Printed Name				

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