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660 East Jefferson Stre	et	
Address Tallahassee, FL 32301	(850)222-1092	900003503609
City State Zip	Phone	-12/18/0001067002 *****35.00 *****35.0
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CR2E031 (1-89)

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Florida Department of State, Sandra B. Mortham, Secretary of State

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, the undersigned corporation organized under the laws of the State of <u>TEXAS</u> submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation is: SOUTHLAND LIFE INSURANCE COMPANY

2. The mailing address of the corporation is: 5780 POWERS FERRY ROAD, NW, PO BOX 105006

ATLANTA GA 30327-4390

3. Date of incorporation/qualification: 12/10/18

Document number: 801104

4. The name and address of the current registered agent and office:

STATE INSURANCE COMMISSIONER

THE CAPITOL

TALLAHASSEE FL 32304

5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

C T Corporation System

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

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of is 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.

nana gnature of an officer, chairman or vice chairman of the board)

(Printed or typed name and title)

(Date)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Justeven, asst. Ally. (Signature of Registered Agent)

11, 30 · M (Date)

If signing on behalf of an entity:

MICHELE R. JUSTESEN	ASST SECY
(Typed or Printed Name)	(Capacity)
CR2E045(4/95)	FILING FEE: \$35.00