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C T CORPORATION SYSTEM				
Requestor's Name 660 East Jefferson Street				
Address	11222_1002			
Tallahassee, FL 32301 (850)222-1092 Otty State Zip Phone		40)0003503604	035036041 2/18/0001067001
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CORPORATION(S) NAME			
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		T	Company	
Security Life o	of Denver	Lasurante	Company	
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() Profit	-			
() NonProfit	() Amendn	nent	() Merger	
() Limited Liability Company	() Dissolut	ion/Withdrawal	() Mark	-
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() Limited Partnership	() Annual I () Reserva	Report	() Other	
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CR2F031 (1-89)

W.P. Verifier

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 p	rovisions of sections 607.0502, (517.0502, 607.1508, or 6	517.1508, Florida	Statutes, the
submits the follow State of Florida	oration organized under the law ing statement in order to change	its registered office or r	egistered agent, o	or both, in the
1. The name of the	e corporation is: SECURITY LIFE	OF DENVER INSURANCE	E COMPANY	
				
2. The mailing add	lress of the corporation is: 1290 I	BROADWAY, DENVER CO	O 80203 _	
3. Date of incorp	oration/qualification: 1/27/60	Document 1	number: 814185	
4. The name and a	address of the current registered a	gent and office:		O. SE
<u>M</u>	ARCIA A HAUNER		<u> </u>	CORE D
<u>P</u> :	RENTICE-HALL CORPORATION	SYSTEM	 .	
5. The name and $\frac{T}{T}$	ALLAHASSEE FL 32304 address of the new registered age	nt and office: (P. O. Box	Not Acceptable)	ED 8 PM
	T Corporation System			TATI
	o CT Corporation System, 1200 So	uth Pine Island Road		*** ***
_ <u>.</u>	Plantation, Florida 33324			
The street address agent, as change	ss of its registered office and the	e street address of the bu	isiness office of i	ts registered
Such change was	s authorized by resolution duly e board.	adopted by its board of	directors or by ar	officer so
() .	a Mush of an officer, chairman or vice chain			<u> </u>
	Meis Fu (Printed or typed name and titl		(Date)	
Having been nat corporation, I had I further agree to performance of registered agent	ned as registered agent and to ereby accept the appointment a o comply with the provisions of my duties, and I am familiar wi	accept service of process s registered agent and of all statutes relative to t th and accept the obligo		tated is capacity. omplete ion as
If signing on behal				
MICHELE R. JUS	TESEN yped or Printed Name)	ASST SEC	Y (Capacity)	
CR2E045(4/95)			FILING	FEE: \$35.00