

8198608

(Requestor's Name)

(Address)

****VOID****

(City/State/Zip/Phone #)

THE FOLLOWING

FILING

(Business Entity Name)

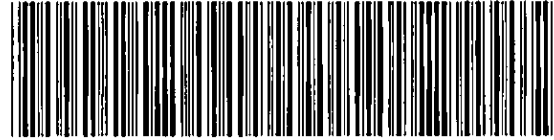
WAS FILED

(Document Number)

Certified Copies

Certificates of Status

IN ERROR.



200439612242

Special Instructions to Filing Officer:

J. HORNE
DEC 17 2024

Office Use Only

IMAGE UPDATED- J. DENNIS 02/03/2025

FILED
2024 DEC 16 PM 4:08
STATE OF TEXAS
CLERK OF COURT

RECEIVED
2024 DEC 16 PM 4:08
STATE OF TEXAS
CLERK OF COURT



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller - Amanda.Miller@cscglobal.com
Ext: x62969
Date: 12/16/24
Order #: 1724085-2
Re: Colonial Penn Life Insurance Company
Processing Method: Routine

A handwritten signature in black ink, appearing to read "Amanda Miller", is written in a cursive style.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$35.00 - FL State Account Number: 120000000195

Please take the following action:

File on a routine basis

Issue proof of filing

Return evidence to the following:

ATTN: Amanda Miller

c/o Corporation Service Company

251 Little Falls Drive

Wilmington, DE 19808

Special Instructions:

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

**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 Pennsylvania in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: COLONIAL PENN LIFE INSURANCE COMPANY
2. The principal office address: 399 Market Street, Philadelphia, PA 19181
3. The mailing address (if different): 11299 Illinois Street, Suite 200, Carmel, IN 46032
4. Date of incorporation/qualification: 9/8/1966 Document number: 819868
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Chief Financial Officer

299 E Gaines St

Tallahassee

FL 32399

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

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 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.

Rachel J. Spehler

Signature of an officer or director

Rachel J. Spehler

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.

Corporation Service Company

By: Am

Signature of Registered Agent

Date

If signing on behalf of an entity:

AMANDA MILLER

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 (04/13)