

820852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

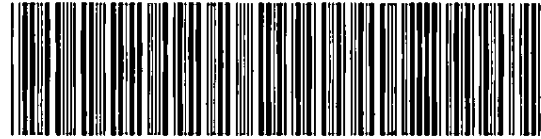
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600393308516

STATE OF FLORIDA
TALLAHASSEE, FL

2022 AUG 29 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FL

2022 AUG 29 PM 1:09

FILED

A. BUTLER

AUG 30 2022

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 910746 7317785

AUTHORIZATION : 

COST LIMIT : \$ 35.00

ORDER DATE : August 26, 2022

ORDER TIME : 8:33 AM

ORDER NO. : 910746-010

CUSTOMER NO: 7317785

CHANGE OF AGENT

NAME: THE STATE LIFE INSURANCE
COMPANY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS: _____

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

1. The name of the corporation: THE STATE LIFE INSURANCE COMPANY
2. The principal office address: One American Square, Indianapolis, IN 46282
3. The mailing address (if different): One American Square P.O. Box 368, Indianapolis, IN 46206-0368
4. Date of incorporation/qualification: 11/01/1967 Document number: 820852
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)

Corporation Service Company

120 Hays Street

Tallahassee

FL 32301

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

Chief Financial Officer

200 E. Gaines St.

P.O. Box NOT acceptable

Tallahassee

FL 32399-0000

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.

Notarized by:

Richard M. Ellery

Secretary or director

Richard M. Ellery, 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.

By: Chief Financial Officer
Signature of Registered Agent

08/09/2022

Date

If signing on behalf of an entity:

Florida Statute 48.151(1) - Chief Financial Officer

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)

FILED
2022 AUG 29 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FL