

843244

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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15 OCT 12 AM 10:35

**REGISTERED AGENT CHANGE
INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH &
ACCI**

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| Certificate of Status | 0 |
| Certified Copy | 0 |
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDENT
Name of Corporation

DOCUMENT NUMBER: 843244

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Suzanne Elliott

Name of Contact Person

INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDENT

Firm/Company

3200 E. Memorial Road, Suite 100

Address

Edmond, Oklahoma 73013

City/State and Zip Code

compliance@iaclife.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suzanne Elliott

at (405) 285-0838 ext. 611

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2ED45 (03/12)

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

1. The name of the corporation: INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDENT
2. The principal office address: 3200 E. Memorial Road, Suite 100
Edmond, Oklahoma 73013
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/27/2014 Document number: 843244
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

200 E. Gaines Street Tallahassee, FL 32399

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

C T Corporation System

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

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

Suzanne Elliott
Signature of an officer or director

Suzanne Elliott, Assistant Vice President

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: C T Corporation System
April Wittenwyler
Signature of Registered Agent

9/10/2015

Date

If signing on behalf of an entity:

April Wittenwyler, Asst. Secretary

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 (03/12)