



856557

FILED
99 NOV 10 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 367217 7192809

AUTHORIZATION :

COST LIMIT : \$ 35.00

Patricia Pizito

ORDER DATE : September 8, 1999

ORDER TIME : 10:17 AM

ORDER NO. : 367217-745

CUSTOMER NO: 7192809

400003040974--8

CUSTOMER: Mr. Scott Williamson
Ge Financial Assurance
6610 West Broad Street

Richmond, VA 23230

CHANGE OF AGENT

NAME: THE HARVEST LIFE INSURANCE
AGENCY, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

C. COULLETTE NOV 10 1999

CONTACT PERSON: Janna Wilson

RECEIVED
99 NOV 10 AM 11:35
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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 Ohio
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: THE HARVEST LIFE INSURANCE AGENCY, INC.
2. The mailing address of the corporation is: 6610 West Broad Street
Richmond, VA 23230
3. Date of incorporation/qualification: May 27, 1983 Document number: 856557
4. The name and address of the current registered agent and office:

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

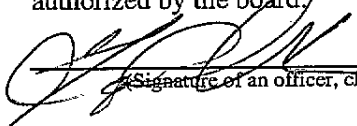
5. The name and address of the new registered agent and office: (P. O. Box Not Acceptable)

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

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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.



(Signature of an officer, chairman or vice chairman of the board)

November 03, 1999
(Date)

George A. Massih III, Assistant Secretary
(Printed or typed name and title)

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.

Corporation Service Company

By: Carol Dolor
(Signature of Registered Agent)

September 30, 1999
(Date)

If signing on behalf of an entity:

Carol Dolor
(Typed or Printed Name)

Assistant Vice President
(Capacity)

*** FILING FEE: \$35.00 ***