

F02000000 990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

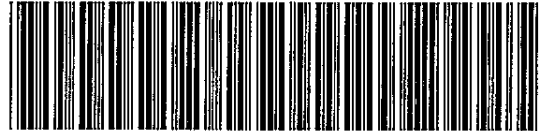
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900023472449

FILED
03 OCT 13 PM 3:58 RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
03 OCT 13 PM 2:35

G. Goulette OCT 13 2005



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 267354 7317785

AUTHORIZATION :

COST LIMIT : \$ 35.00

Patricia Piguet

ORDER DATE : October 3, 2003

ORDER TIME : 11:40 AM

ORDER NO. : 267354-085

CUSTOMER NO: 7317785

CUSTOMER: Mr. Jon A. Becker
American United Life Insurance
Suite 209
One American Square, Box 368
Indianapolis, IN 46282-0368

CHANGE OF AGENT

NAME: CNL/INSURANCE AMERICA, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Mimi Replogle

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

1. The name of the corporation: CNL/INSURANCE AMERICA, INC.
2. The principal office address: 2960 Riverside Drive, Macon, GA 31204
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/22/2002 Document number: F0200000099
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Stephen R. Gardiner

2928 S. McCall Road, Suite 32, Box 13

Englewood, FL 34224

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 or personal mailbox 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.

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

Maureen Cullen, Attorney in Fact
(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.

Signature of Registered Agent
(Signature of Registered Agent)

September 29, 2003
(Date)

If signing on behalf of an entity:

Sylvia Queppet
(Typed or Printed Name)

Assistant Vice President
(Capacity)

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314