F04000000644

(Re	questor's Name)	
, (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
. (Bu	siness Entity Nar	me)
. (Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





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ELCH OF CHAPCHALLON

FEB 17 2016 C LEWIS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Lockard lindsey.lockard@cscglobal.com

Date: February 12, 2016

Order#: 945845-086

Re: COUNTRY INVESTORS LIFE ASSURANCE COMPANY

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX __ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Lindsey Lockard

c/o Corporation Service Company
2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Illinois or registered agent, or both, in the State of Florida.	
		ESTORS LIFE ASSURANCE COMPANY	
	office address: 1701 Towanda A		
3. The mailing a	address (if different): 1711 GE R	oad, Bloomington, IL 61704	
4. Date of incorp	poration/qualification: 01/28/20	04 Document number: F0400000644	
	l street address of the current reg rtment of State: (If resigned, ente	gistered agent and registered office on file with the er resigned)	
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation	FL 33324	
6. The name and (if changed):	d street address of the new registe	FL 33324 FE 33324 FE 33324 FE 35324 FF 353	
	Corporation Service Company	• • • • • • • • • • • • • • • • • • •	
	1201 Hays Street		
	P.O Tallahassee), Box_NOT acceptable FL 32301	
The street addreas changed will	ess of its registered office and the identical.	ne street address of the business office of its registered agent,	
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	
0.	26 2	Dona Priebe, Vice President	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	to comply with the provisions of my duties, and I am familiar wi	Printed or typed name and title agent and agree to act in this capacity. If all statutes relative to the proper and complete ith and accept the obligation of my position as registered by to reflect a change in the registered office address, I statistical in writing of this change.	
By: Pluga	nature of Registered Agent	01/29/2016	
2	chalf of an entity:	Date	
Elizabeth A. Da	awson, Asst. Vice President		
	vped or Printed Name	_	

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