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ON SERVICE CÓMPANA.				
ACCOUNT NO. : 07210000032				
REFERENCE : 542680 7639437				
AUTHORIZATION: Spelbele man				
COST LIMIT : \$\frac{1}{35.00}				
ORDER DATE : April 24, 2008				
ORDER TIME : 9:10 AM				
ORDER NO. : 542680-030				
CUSTOMER NO: 7639437				
CHANGE OF AGENT				
NAME: AMERICAN CONTINENTAL INSURANCE COMPANY				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY				
XX PLAIN STAMPED COPY				
CONTACT PERSON: Heather Chapman				
EXAMINER'S INITIALS:				

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stainge is submitted for a corporation organized under the laws of the State of $\frac{\text{Te}}{\text{Te}}$ is change its registered office or registered agent, or both, in the State of Flori	nnessee
1. The name of t	the corporation: AMERICAN CONTINENTAL INSURANCE COMPANY	
	office address:	
3. The mailing a	ddress (if different): P.O. Box 2368, Brentwood, TN 37024-2368	
4. Date of incorp	poration/qualification: 04/13/2006 Document number: F06000002	367
	d street address of the current registered agent and registered office on file with tment of State:	
	C T Corporation System	EC T
	1200 South Pine Island Road	208 HAY -1
	Plantation, FL 33324	- PH
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	(,,
	Corporation Service Company	
	1201 Hays Street	
	(P.O. Box NOT acceptable)	
	Tallahassee, FL 32301	•
The street addre as changed will	ess of its registered office and the street address of the business office of its ibe identical.	registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an or board for the corporation has been notified in writing of the change.	fficer so
Heur	Steven L. Hendrich (Printed or typed name and title	S.V.P. General Counsel, secretar
I hereby accept I further agree to of my duties, an document is bein corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and comply and I am familiar with and accept the obligation of my position as registered in filed merely to reflect a change in the registered office address, I hereby is been notified in writing of this change. Service Company	
By: MI Cha	gnature of Registered Agent) (Date)	
If signing on be	chalf of an entity:	
	noy, Assistant VP	

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