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(Requestor's Name)
(Address)
(Address)
(Hadibas)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Decument Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
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Office Use Only

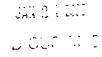


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2025 JAN 21 - AM II: 55

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CSC - Tallahassee
CSC 1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext: x62969 Date: 01/20/25 Order #: 1776272-1

Re: Atlantic Coast Life Insurance Company

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$35.00 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Amanda Miller c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

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

COVER LETTER

то:	Amendment Section Division of Corporations					
SUBJ Name	ECT: Atlantic Coast Life Insurance Company of Corporation			_		
DOCU	MENT NUMBER:			_		
The er	closed Statement of Change of Registered Offic	e/Agent and fe	e are submitted for	filing.		
Please	return all correspondence concerning this matte	r to the followi	ing:			
c						
Jill Ge	of Contact Person					
A-CAI						
	Company					
	evenue of the Americas, 21st Floor					
Addre	· -					
	ork, NY 10036					
City/S	ate and Zip Code			•	2ξ.	
	legal@acap.com; compliance@sslec			• -	ارده د	
E-mai	l address: (to be used for future annual repo	rt notification)	_	225	1
					$\overline{\Sigma}$	
For fu	ther information concerning this matter, please	call:		•	23 -	[1]
Briana	lsbeli	at (_ ³³²	910-7186			
	Name of Contact Person	Area Co	ode & Daytime Tele	ephone N	umber	

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

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of ch	ange is submitted for a corp	0502, 617.0502, 607.1508, or 617.1508, Florida S poration organized under the laws of the State of _ ffice or registered agent, or both, in the State of F	South Ca	
1. The name of	the corporation ATLANTIC	COAST LIFE INSURANCE COMPANY		
2. The principa	l office address: 1565 SAM I	RITTENBERG BLVD, CHARLESTON, SC 2940	7	
3. The mailing	address (if different): 460 W	/est 50 North, Suite 05-109, Salt Lake City, UT	84101	
		2006 Document number: F060000		
	d street address of the curre artment of State: (If resigned	nt registered agent and registered office on file wi l, enter resigned)	ith the	
	C.T. CORPORATION SY	YSTEM		
	1200 SOUTH PINE ISLA	ND ROAD	_	
	PLANTATION, FL 33324	ı		
6. The name and street address of the new register (if changed):			tice	2025
	Corporation Service Con	прапу		STAN
	1201 Hays Street	P.O. Box NOT acceptable		21
	Tallahassee	FL 32301		R I
The street addr	ress of its registered office (and the street address of the business office of it	s registe	rediagent.
		n duly adopted by its board of directors or by an n has been notified in writing of the change.		
Jill Geth		Jill Gettman, Chief Legal Offi	cer	
	ure of an officer or director	Printed or typed name and ti	tle	
I further agrée of my duties, a document is be corporation ha	to comply with the provisional I am familiar with and a	ered agent and agree to act in this capacity, ons of all statutes relative to the proper and conscept the obligation of my position as registeres change in the registered office address, I herely this change.	plete pe d agent. by confir	rformance Or, if this m that the
By: 41- 01/20/2025				
Si	gnature of Registered Agent	Date		
If signing on b	chalf of an entity:			
	NDA MILLER			
•	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 (04/13)