Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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REGISTERED AGENT CHANGE

EALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

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TB 1-18-11

1/17/2011

12 3

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

statement of ch	ange is submitted for a corporation organ	02, 607.1508, or 617.1508, Florida Statute nized under the laws of the State of $\overline{ ext{Texas}}$ tered agent, or hoth, in the State of Florida	<u> </u>
1. The name of		IFE & HEALTH INSURANCE COM	
2. 116. prosespa	Torrice dutiess.		
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: Texas	Document number: F0800000305	5
		egent and registered office on file with the	
	CT Corporation System	•	د د
	1200 South Pine Island Road		PSE !
	Plantation FI 33324		船.
6. The name and (if changed):	d street address of the new registered ager	nt (if changed) and /or registered office	2011 JAN 18 AM 9: 45 SEGRETARY OF STATE TALLAHASSEE, FLORIC
	Corporation Service Company		STATE STATE
	1201 Hays Street		유류 19
	(P.O. Box NOT acceptable)	" Deve
	Tallahassee, FL 32301		
The street address changed will	ess of its registered office and the street lbe identical.	address of the business office of its regis	tered agent,
Such change wa authorized by th	as authorized by resolution duly adopted the board, or the corporation has been no	d by its board of directors or by an office stified in writing of the change.	T 90
Marie	re-Cathell ure of an officer or director)	Maureen Cathell, Attorney in Fact	
hereby accept further agree to f my duties, an locument is bei corporation has	the appointment as registered agent an to comply with the provisions of all stat ad I am familiar with and accept the obl ng filed merely to reflect a change in th s been notified in writing of this change.	nd agree to act in this capacity, utes relative to the proper and complete t ligation of my position as registered agen e registered office address, I hereby conf	verformance t. Or, if this irm that the
By: 1 \\ ()	on Service Company	January 12, 2011	
	pusture of Registered Agent) half of an entity:	(Date)	And the Real Property of the State of the St
Grace E. Kirb	y, Assistant Vice President		
	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 (8/05)