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Division of Corporations

Fax Number : (850)617-6380

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (954)208-0845

Fax Number ; (614)573-3996

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*

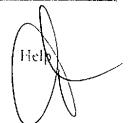
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REGISTERED AGENT CHANGE GAINBRIDGE LIFE INSURANCE COMPANY

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Corporate Filing Menu



To:

Ву:

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

statement of che	provisions of sections 607,0502, 617,0 ange is submitted for a corporation org er to change its registered office or regi	anized under the laws of the State of $\overline{\mathbb{P}}$	Delaware
T. The name of	the corporation: Gainbridge Life Insurar	nce Company	
2. The principal	office address: 10555 Group 1001 Way.	. Zionsville, IN 46077	
3. The mailing a	address (if different):		
4. Date of incor	poration qualification: 06/29/2022	Document number: F1500000	4199
	d street address of the current registered rtment of State: (If resigned, enter resigned)		h the
	CHIEF FINANCIAL OFFICER		
	BOX 6200 32314-6200200 E. GAINES	ST.	
	TALLAHASSEE, FL 32399		w. 2
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and /or registered offi	
	C T Corporation System		<i>is</i> −: <i>a</i>
	1200 South Pine Island Road		omenna 🍱 🥨
	PO E Plantation, Florida 33324	Box NOT acceptable	9: 33 E. FL
The street address changed will	ess of its registered office and the stree be identical.	et address of the business office of its	registered agent,
Such change wa authorized by the	as authorized by resolution duly adopt he board, or the corporation has been i	ed by its board of directors or by an o iotified in writing of the change	officer so
1	Liphana e Homay -	STEPHANIE HENCZ, SECRETAR	Y
		Prioted of typed name and fills	:
i jurmer agree . of my duties, an document is bei corporation hav	the appointment as registered agent of comply with the provisions of all stead I am familiar with and accept the oling filed merely to reflect a change in a seen notified in writing of this chang	annes retainve to the proper and comp bligation of my position as registered the registered office address I hereby	olete performance agent. Or, ij this confirm that the
	March Comment	03/07/2023	
ang .	n System	Date	
It signing on be	half of an entity:		
	ICK, ASSISTANT SECRETARY		
Ţ	yped or Printed Name		
	* * * FILING F	EE: \$35.00 * * *	