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(Req	uestor's Name)	
(AddA)	ress)	
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(City/	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)
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Special Instructions to Filing Officer:		
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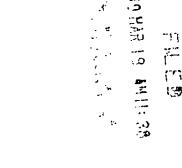
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MANCH



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Jiminez ashley.jiminez@cscqlobal.com

Date: March 14, 2019

Order#: 627823-005

Re: STERLING INVESTORS LIFE INSURANCE 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: Ashley Jiminez

c/o Corporation Service Company

251 Little Falls Drive 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 ch	ange is submitted for a corporation orga	502, 607.1508, or 617.1508, Florida Statutes, this anized under the laws of the State of INDIANA	
		stered agent, or both, in the State of Florida.	
1. The name of	the corporation: STERLING INVESTOR	45 LIFE INSURANCE COMPANY	<u></u> .
	office address: 10201 NORTH ILLINO	IS STREET, SUITE 280	
INDIANAPO	OLIS, IN 46290		
3. The mailing	address (if different):		
4. Date of incor	rporation/qualification: 09/30/2015	Document number: F15000004345	
	nd street address of the current registered artment of State: (If resigned, enter resign	agent and registered office on file with the ned)	
	BUSINESS FILINGS INCORPORATE	ED	
	1200 SOUTH PINE ISLAND ROAD		
	PLANTATON	FL 33324 = 50	
6. The name an (if changed):		ent (if changed) and /or registered office	
	Corporation Service Company		14"
	1201 Hays Street	8 (2) Са	
	P.O. Box NO	T acceptable	
	Tallahassee	FL 32301	
_		t address of the business office of its registered agent, d by its board of directors or by an officer so otified in writing of the change.	
		Griff Daniel Acker, President	
I hereby accept I further agree : performance of agent. Or, if th hereby confirm	is document is being filed merely to ref that the corporation has been notified	tutes relative to the proper and complete accept the obligation of my position as registered lect a change in the registered office address. I	
By: Dra	on Service Company	03/14/2019	
_ 	half of an entity:	Date	
	Asst. Vice President		
113	yped or Printed Name		
	* * * FILING FF	EE: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)