

F22000002538

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

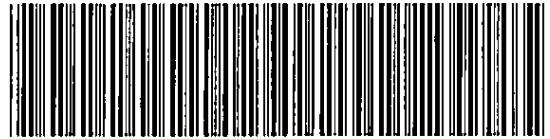
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

\$35

Office Use Only



000405219080

04/26/23--01:05--003 **105.00

2023 APR 28 AM 11:42

FILED

Ra Chang

JUL 19 2023

D CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SBLI USA Life Insurance Company, Inc.
Name of Corporation

DOCUMENT NUMBER: F22000002538

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lindsay Ryker

Name of Contact Person

SBLI USA Life Insurance Company, Inc.

Firm/Company

P.O. Box 12847

Address

Roanoke, VA 24029

City/State and Zip Code

lindsay.ryker@prosperitylife.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lindsay Ryker

Name of Contact Person

at (540) 985-4406

Area Code & Daytime Telephone Number

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

2023 APR 28 AM 11:42

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

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of New York
_____ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: SBLI USA Life Insurance Company, Inc.
2. The principal office address: 1 Pennsylvania Plaza, Suite 3806
New York, NY 10119
3. The mailing address (if different): P.O. Box 12847, Roanoke, VA 24029
4. Date of incorporation/qualification: August 30, 1999 Document number: F22000002538
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

CAPITOL CORPORATE SERVICES, INC.

515 E PARK AVE., 2ND FLOOR

TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

CHIEF FINANCIAL OFFICER

200 E. GAINES STREET

P.O. Box NOT acceptable

TALLAHASSEE, FL 32399

The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.



Signature of an officer or director

Ann-Kelley Winn, SVP, General Counsel & Secretary

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete performance
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.*

Signature of Registered Agent

Date

If signing on behalf of an entity:

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)

2023 APR 28 AM 11:42

FILED