

# F24000002615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

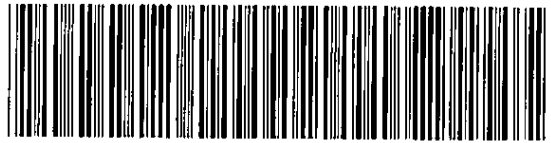
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/20/24--01030--004 \*\*35.00

FILED  
2024 AUG 20 AM 8:07  
CLERK OF STATE  
TALLAHASSEE, FLORIDA



American Century Life Insurance Company

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Phone 855.966.1111 | Fax 855.855.0181 | [service@aclic.com](mailto:service@aclic.com)

1333 W. McDermott Dr. #200, Allen, TX 75013

Amendment Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** American Century Life Insurance Company  
Name of Corporation

**DOCUMENT NUMBER:** F24000002615

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:

Raz Silberman

Name of Contact Person

American Century Life Insurance Company

Firm/Company

1333 W McDermott Dr. #200

Address

Allen, TX 75013

City/State and Zip Code

raz@acllc.com

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

For further information concerning this matter, please call:

Raz Silberman

at ( 469 ) 233-1790  
Name of Contact Person 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

**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 Ohio  
\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: American Century Life Insurance Company
2. The principal office address: 1333 W McDermott Dr. #200, Allen, TX 75013
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 7/16/1980 Document number: \_\_\_\_\_
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)

Northwest Registered Agent LLC  
7901 4th St N STE 300, St. Petersburg, FL 33702

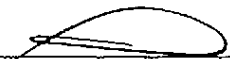
6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

Florida Chief Financial Officer  
200 E. Gaines Street Tallahassee, FL 32399

P.O. Box NOT acceptable

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

Raz Silberman, President  
\_\_\_\_\_  
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

8/6/2024  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

Florida CFO  
\_\_\_\_\_  
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)

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TALLAHASSEE, FLORIDA