

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number: I2000000195 : (850)521-1000

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

REGISTERED AGENT CHANGE LIFECARE ASSURANCE COMPANY

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS $\quad \bullet$

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this angle is submitted for a corporation organized under the laws of the State of Arizona	
	er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: LIFECARE ASSURANCE COMPANY	
n memaine or i	office address: 21600 Oxnard Street, Suite 1500, Woodland Hills CA 91367	
z. The principal	office address:	_
3. The mailing a	address (if different): P.O. Box 4243, Woodland Hills, CA 91365	
4. Date of incorp	poration/qualification: 08/10/1993 Document number: F93000003633	
5. The name and	d street address of the current registered agent and registered office on file with the rtment of State: CT Corporation System	
	CT Corporation System	
	1200 South Pine Island Road	
	Plantation FL 33324	Ç
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	ა 2
	Corporation Service Company	
	1201 Hays Street	
	(P.O. Box NOT acceptable)	
	Tallahassee, FL 32301	
The street address changed will	ress of its registered office and the street address of the business office of its registered agent, I be identical.	
Such change wanthorized by	as authorized by resolution duly adopted by its board of directors or by an officer so he board, of the change.	
a	Alan S. Hughes, Director, Sr. VP & Corporate Secretary (Printed or typed name and title)	
	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this sing filed merely to reflect a change in the registered office address, I hereby confirm that the is been notified in writing of this change.	
	oration Service Company 7 - 19 - 2010	
,	ignature of Registered Agent) (Date) chalf of an entity:	
Sylvia Quepp		
	(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)