

F 9300000 5305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

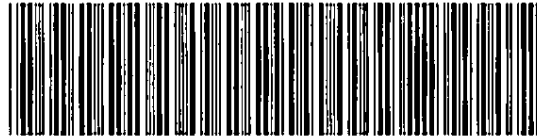
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2020 JAN 14 AM 7:14

FILED

FEB 12 2020

S. YOUNG

Blizzard, Jessica

From: Ashley Taylor <ashley.taylor@wolterskluwer.com>
Sent: Tuesday, January 07, 2020 4:59 PM
To: Blizzard, Jessica
Subject: RE: update to agent in FL [TLS] [EXTERNAL]

Hi Jessica,

Yes, you have our permission. Please use James Halpin, Assistant Secretary as the name. Once its on record, please let me know.

Thank you.

Ashley Taylor
Customer Specialist
CT Corporation

Office: (312) 288-3568
Email: majoraccountteam2@wolterskluwer.com



Wolters Kluwer

www.ctcorporation.com
www.wolterskluwer.com

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----- Original Message -----

From: Blizzard, Jessica [jessica.blizzard@transamerica.com]
Sent: 1/7/2020 3:49 PM
To: ashley.taylor@wolterskluwer.com
Subject: update to agent in FL [TLS]

Hi Ashley,

One of our entities, Transamerica Financial Life Insurance Company, is registered and in good standing in Florida. In auditing our filings, I found that the registered agent name is incorrect, but does show the CT Corp SOP office address. I am preparing the form to correct the agent name and want to make sure you are aware.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Transamerica Financial Life Insurance Company
Name of Corporation

DOCUMENT NUMBER: F93000005305

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:

JESSICA BLIZZARD

Name of Contact Person

TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

Firm/Company

440 MAMARONECK AVENUE

Address

HARRISON, NY 10528

City/State and Zip Code

CORPORATE.SECRETARIAL@TRANSAMERICA.COM

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

For further information concerning this matter, please call:

JESSICA BLIZZARD

Name of Contact Person

at (443) 475 - 3173

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 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: Transamerica Financial Life Insurance Company
2. The principal office address: 440 Mamaroneck Avenue
Harrison NY 10528
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/22/1993 Document number: F93000005305
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)

CHIEF FINANCIAL OFFICER

1200 South Pine Island Road

Plantation, FL 33324

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

CT Corporation System


1200 South Pine Island

P.O. Box NOT acceptable

Plantation, FL 33324

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

Gregory E. Miller-Breetz, Deputy 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.

James Halpin, Assistant Secretary

Signature of Registered Agent

1/8/2020

Date

If signing on behalf of an entity:

CT CORPORATION SYSTEM

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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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA