## Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone Fax Number

: (800)345-4647 : (800)432-3622

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

Ema1l	Address:		

## REGISTERED AGENT CHANGE S.USA LIFE INSURANCE COMPANY, INC.

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		7.0502; 607.1508, or 617.1508, Florida Statutes, organized under the laws of the State of ARIZ	
		egistered agent, or both, in the State of Florida.	
1. The name of	the compration: S.USA LIFE I	INSURANCE COMPANY, INC.	
		e. Suite 100 PHOENIX, AZ 85021	
		3rd St. Suite 1007 New York, NY 10001-2	
4. Date of incom	poration/qualification: 8/26/199	6 Document number: F96000004	412
	d street address of the current registe rtment of State: (If resigned, enter re	ared agent and registered office on file with the signed)	
	CHIEF FINANCIAL OFFICER		
	200 E. GAINES ST		
	TALLAHASSEE, FL 32399-00	00	202:
6. The name and (if changed):	d street address of the new registered	l agent (if changed) and /or registered office	2023 FEB 16
	Capitol Corporate Services, In		
	515 East Park Avenue 2nd Fi	 មា ស	AH 9:
		O. Box NOT acceptable	<u> </u>
	Tallahassee, FL 32301		rri <b>v</b>
The street address changed will	ess of its registered office and the s l be identical.	treet address of the business office of its registe	red agent,
		opted by its board of directors or by an officer sen notified in writing of the change.	
9	Soutelly	Ann-Kelley Winn- SVP, General Counse	1 & Secretary
Signeti	ure of an officer or director	Printed or typed name and little	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered age to comply with the provisions of all an familiar with and accept the ing filed merely to reflect a change s been notified in writing of this cha	nt and agree to act in this capacity, I statutes relative to the proper and complete pe e obligation of my position as registered agent, in the registered office address, I hereby confir ange.	erformance Or, if this m that the
3im	Parleti'	2/9/2023	
5 <b>t</b> g	mature of Registered Agent	Date	
If signing on be	chalf of an entity:		
	i, Assistant Secretary on behalf	of Capitol Corporate Services, Inc.	
		G-FEE: \$35.00 * * *	
M		D FLORIDA DEPARTMENT OF STATE NS, P.O. BOX 6327, TALLAHASSEE, FL 32314	

CR2E045 (04/13)