

**19900000 3354**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

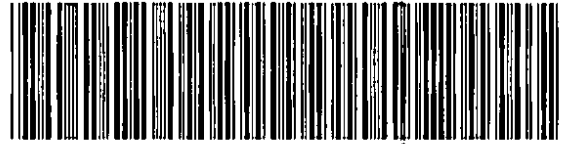
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**600322851856**

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01/23/19--01024--001 \*\*35.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 JAN 23 AM 11:39

**FILED**

*1-30-19*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Great Western Insurance Company  
Name of Corporation

**DOCUMENT NUMBER:** F99000003354

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:

Nikki Else

Name of Contact Person

Great Western Insurance Company

Firm/Company

601 6th Ave.

Address

Des Moines, IA 50309

City/State and Zip Code

legalnotice@americanenterprise.com

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

For further information concerning this matter, please call:

Nikki Else

Name of Contact Person

at ( 515 ) 245-2288

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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

1. The name of the corporation: Great Western Insurance Company
2. The principal office address: 3434 Washington Blvd., Suite 300, Ogden, UT 84401
3. The mailing address (if different): P.O. Box 14410, Des Moines, IA 50306-3410
4. Date of incorporation/qualification: 4/23/1983 Document number: F99000003354
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)

REGISTERED AGENT SOLUTIONS, INC.

155 OFFICE PLAZA DRIVE, SUITE A

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 ST

P.O. Box NOT acceptable

TALLAHASSEE, FL 32399-0000

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

Eric T. Nemmers

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.*

Not Required  
\_\_\_\_\_  
Signature of Registered Agent

\_\_\_\_\_  
Date

If signing on behalf of an entity:

Not Required

\_\_\_\_\_  
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 (03/12)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 JAN 23 AM 11:39

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