

K15834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: PROGRAM UNDERWRITERS LIFE & HEALTH BENEFITS CORP.  
Name of Corporation

DOCUMENT NUMBER: K15834

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:

Arnold Zisselman  
Name of Contact Person

Program Underwriters Life & Health Benefits Corp.  
Firm/Company

2766 University Drive  
Address

Coral Springs, FL 33065  
City/State and Zip Code

azisselman@programunderwriters.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arnold Zisselman at ( 954 ) 796-4830  
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  
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Program Underwriters Life & Health Benefits Corp.
2. The principal office address: 2766 University Drive  
Coral Springs, FL 33065
3. The mailing address (if different): same as above
4. Date of incorporation/qualification: 2/18/1988 Document number: K15834
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)

Arnold Zisselman

1300 Sawgrass Corporate Parkway - Suite 250

Sunrise, FL 33323

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

Same registered agent

2766 University Drive

P.O. Box NOT acceptable

Coral Springs, FL 33065

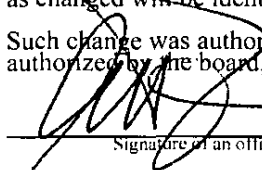
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

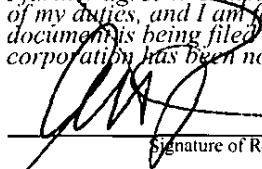
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Arnold Zisselman, Sr. Vice 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

7/28/09

Date

If signing on behalf of an entity:

\_\_\_\_\_  
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)