

P02558

Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

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REGISTERED AGENT CHANGE

LIFE AND HEALTH INSURANCE COMPANY OF AMERICA, INC.

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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, the undersigned corporation organized under the laws of the State of Pennsylvania submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : Life and Health Insurance Company of America, Inc.
2. The mailing address of the corporation : 220 W. Germantown Pike, Suite 200, Plymouth Meeting, PA 19462
3. Date of incorporation/qualification: 6/28/84 Document number: P02558
4. The name and address of the current registered agent and officer:

Joseph T. Lawler

145 Doe Trail

Jupiter, FL 33458

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

Plantation, Florida 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.

Jonathan S. Miller, Sr. V.P./CMO
(Signature of an officer, chairman or vice chairman of the board)

8-21-03
(Date)

JONATHAN S. MILLER, SR. V.P./CMO
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

C T Corporation System

By:

Steven P. Zimmer
(Signature of Registered Agent)

9-12-03
(Date)

If signing on behalf of an entity:

STEVEN P. ZIMMER
SPECIAL ASSISTANT SECRETARY

(Typed or Printed Name)

(Capacity)

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