P06829

# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000288076 3)))

H11000288076 3ABC0

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

FILED
11 DEC -8 PM 2:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

**Email Address:** _____

## REGISTERED AGENT CHANGE
## MONITOR LIFE INSURANCE COMPANY OF NEW YORK

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | $35.00 |

RECEIVED
11 DEC -8 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Monitor Life Insurance Company of New York
Name of Corporation

DOCUMENT NUMBER: P06829

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:

Carlton Hines
Name of Contact Person

Morgan-White Administrators Inc
Firm/Company

PO Box 14067
Address

Jackson, MS 39236
City/State and Zip Code

carlton.hines@morganwhite.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlton Hines at ( 601 ) 956-2028
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

CR2E045 (6/05)

PC006 - 07/31/2009 CT System Online

[redacted]

## 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: Monitor Life Insurance Company of New York

2. The principal office address: 5722 I-55 N.Frontage Rd.
Jackson, MS 39211

3. The mailing address (if different):

4. Date of incorporation/qualification: 07/23/1985 Document number: P06829

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)

Weber, Eugene C

2364 Addington Circle

Rockledge FL, 32955

FILED
11 DEC -8 PM 2:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable

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, or the corporation has been notified in writing of the change.

Signature of an officer or director

RICHARD L. EATON, SECRETARY
Printing 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.*

By: C T Corporation System
Signature of Registered Agent

12/8/11
Date

If signing on behalf of an entity:
Bernadette McNamara
Assistant Secretary

*** * * 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)

FL006 - 09/23/2009 C T System Online