DOCUMENT # P10214 1. Entity Name KEYSTONE STATE LIFE INSURANCE COMPANY Principal Place of Business Mailing Address 501 OFFICE CENTER DR 501 OFFICE CENTER DR STE 325 STE 325 749292 FT WASHINGTON PA 19034-3299 FT WASHINGTON PA 19034-3299 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 23-2088467 Not Applicable Zip Country Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL TALLAHASSEE FL 32301 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SECRETARY, TREAS & DIRECTOR XXChange TITLE ☐ Delete TITLE NAME ANDERSON, JOHN K JR. NAME STREET ADDRESS 1776 AMERICAN HERITAGE LIFE DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32224 CEOD TITLE XX Delete TITLE DIRECTOR ☐ Change **XX**Addition RODERIC H. ROSS NAME DAVID A. BIRD STREET ADDRESS 501 OFFICE CTR DR- #325 STREET ADDRESS 1776 AMERICAN HERITAGE LIFE DR. CITY-ST-ZIP CITY - ST - ZIP F WASHINGTON PA 19045-3299 JACKSONVILLE, FL 32224 TITLE TITLE DIRECTOR **XX**Addition XX Delete ☐ Change NAME DOUGLAS, T. O'NEAL NAME MIKE PINKHAM STREET ADDRESS 1776 AMERICAN HERITAGE LIFE DR. STREET ADDRESS 11211 TAYLOR DRAPER LANE, SUITE 200 CITY-ST-ZIP Jacksonville FL 32224 CHY-ST-ZIP AUSTIN, TX 78759 TITLE DIRECTOR & CHAIRMAN ☐ Delete TITLE **XX**Change Addition NAME MOOREHEAD, C. RICHARD NAME STREET ADDRESS 1776 AMERICAN HERITAGE LIFE DR. STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32224 CITY-ST-ZIP TITLE CF0 ☐ Delete TiT: E CFO & DIRECTOR XX Change Addition NAME ATHENS, ZACK G NAME STREET ADDRESS 11211 TAYLOR DRAPER LANE, STE 325 STREET ADDRESS CITY-ST-ZIP **AUSTIN TX 78759** CITY-ST-Z:P TITLE ☐ Delete PRESIDENT & DIRECTOR TITLE XX Change Addition MICHAEL, ROBERT A. NAME NAME STREET ADDRESS 501 OFFICE CTR DR- #325 STREET ADDRESS CITY-ST-ZIP F WASHINGTON PA 19045-3299 I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal offect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

changed, or on an attachment with an address all other like empowered

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ZACK G. ATHENS, DIRECTOR & CFO

512-345-3200

Daytime Phone #

CR2E034 (10/00)