FIRST CAPITAL

LIFE INSURANCE COMPANY OF LOUISIANA

P37733

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Dear Sir:

I am enclosing herewith the Statement of Change of Registered Office or Registered Agent of First Capital Life Insurance Company of Louisiana, a Louisiana insurance corporation which is qualified to do business in Florida as a third party administrator, along with a check in the amount of \$35 to cover the costs incurred in connection with this filling. Please file the enclosed documents and furnishme with evidence of filing. Thank you for your assistance in this matter.

Very truly yours,

Mina E. Meric

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Mars of ports.

Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED. AGENT OR BOTH FOR CORPORATIONS

undersigned corporation or submits the following state	ganized under the laws of ti	.0502, 607.1508, or 617.1508, he State of Louisiana registered office or registered of	
State of Florida. 1. The name of the corpora	tion is: First Capital	Life Insurance Company of	Louisiana
2. The mailing address of the	ne corporation is :2240	Magazine Street, New Orlo	eans, LA 70130
3. Date of incorporation/qu4. The name and address of		Document number: It and office:	P37733 (3)
Insuran	ce Commissioner		-
The Cap	itol Bldg.		. ₹2 97
Tallaha	ssee, Florida 32399-0	300	
5. The name and address of	f the new registered agent a	nd office: (P.O. Box Not Accep	
C T Cor	poration System		
1200 South Pine Island Road			
Plantat	ion, Florida 333:	24	-
		address of the business office o	f its registered
Such change was authorize authorized by the board.	d by resolution duly adopte	d by its board of directors or by	an officer so
(Signature of an officer, chairman	or vice chairman of the board)	7/10 (Date)	97
Phyllis E. Cassi	dy, President		
· · · · · · · · · · · · · · · · · · ·	(Printed or typed		
Having been named as reg I hereby accept the appoint comply with the provisions and I am familiar with and	istered agent and to accept tment as registered agent a of all statutes relative to th accept the obligation of my	service of process for the above nd agree to act in this capacity. e proper and complete perform y position as registered agent.	stated corporation, I further agree to ance of my duties,
Unto Ala		July 07, 1997	
(Signature of Registered	Agent)	(Date)	-
If signing on behalf of an e	ntity:		
Victor Alfano		Assistant Secretary	
(Typed or Printed Name	0)	(Capacity)	·

FILING FEE: \$35.00

CR2E045(1/95)