2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2025
Secretary of State
7246166613CC

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Entity Name: MEDIGAP LIFE, LLC

Current Principal Place of Business:

1900 NW CORPORATE BLVD
SUITE W300
BOCA RATON, FL 33431

Current Mailing Address:

1900 NW CORPORATE BLVD
SUITE W300
BOCA RATON, FL 33431 US

FEI Number: 81-3816372

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MEMBER/MANAGER	Title	AUTHORIZED SIGNER
Name	ALLIANT INSURANCE SERVICES, INC.	Name	CORTAZAR, VINCENT
Address	1900 NW CORPORATE BLVD SUITE W300	Address	1900 NW CORPORATE BLVD SUITE W300
City-State-Zip:	BOCA RATON FL 33431	City-State-Zip:	BOCA RATON FL 33431

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VINCENT CORTAZAR AUTHORIZED SIGNER 03/11/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date