

**Commonwealth of Kentucky**  
**Michael G. Adams, Secretary of State**

0931881  
Michael G. Adams  
KY Secretary of State  
Received and Filed

L906

**12/14/2023 3:49:44 PM**  
**Fee receipt: \$10.00**

Michael G. Adams  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Statement of Change of  
Principal Office Address**

**POC**

Pursuant to the provisions of KRS 14A.5-010, the undersigned hereby applies to change the principal office on behalf of

**HAVEN LIFE INSURANCE AGENCY, LLC**

and for that purpose submits the following statements:

**1. Address of current principal office**

60 MADISON AVENUE, 7TH FLOOR  
NEW YORK, NY 10017

**2. Principal office is hereby changed to:**

2 PARK AVENUE, 11TH FLOOR  
NEW YORK, NY 10016

**3. Authorized Signature of Entity**

*Ariana Turoski , Special Manager*

Signature and Title

Ariana Turoski , Special Manager

Type or print name and title

12/14/2023 3:49 PM

Date