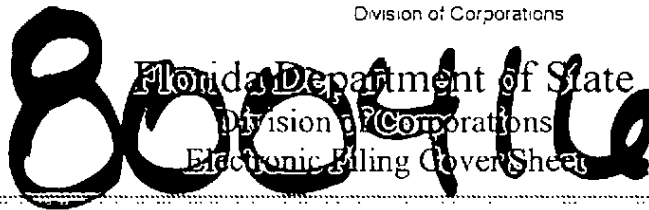


5/5/2020

Division of Corporations

H20000132632 3



**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.

(((H20000132632 3)))



H200001326323ABCT

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To:

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

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-0821  
Fax Number : (850)558-1515

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

Email Address: \_\_\_\_\_

**COR AMND/RESTATE/CORRECT OR O/D RESIGN  
EQUITABLE FINANCIAL LIFE INSURANCE COMPANY**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

2020 MAY -5 PM 3:10

20 MAY -5 PM 2:39

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Equitable Financial Life Insurance Company

Name of Corporation

**DOCUMENT NUMBER:** 800416

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Contact Person

Firm/Company

Address

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person

at ( )

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status &  
Certified Copy

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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H20000132632 3

**ARTICLES OF CORRECTION**

For

Equitable Financial Life Insurance Company

Name of Corporation as currently filed with the Florida Dept. of State

800416

Document Number: (if known)

Pursuant to the provisions of Section 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct Name Change

(Document Type Being Corrected)

filed with the Department of State on 04/21/2020

(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Future effective date was missing


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Correct the inaccuracy, incorrect statement, or defect:

Future effective date: 06/15/2020


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DocuSigned by:

Denise Tedeschi

(Signature of a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary)

Denise Tedeschi

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

**Filing Fee: \$35.00**

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Document must be filed electronically.  
Paper documents are not accepted.  
Fees & forms are subject to change.  
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of filed documents, visit [www.sos.state.co.us](http://www.sos.state.co.us).

Colorado Secretary of State  
Date and Time: 04/21/2020 01:37 PM  
ID Number: 19871094001  
Document number: 20201348238  
Amount Paid: \$10.00

ABOVE SPACE FOR OFFICE USE ONLY

**Statement of Change Changing the True Name**

filed pursuant to §7-90-305.5, and if applicable, §7-90-804 of the Colorado Revised Statutes (C.R.S.)

1. For the entity, its ID number and assumed entity name are

ID number 19871094001  
(Colorado Secretary of State ID number)

Assumed entity name  
\_\_\_\_\_

2. The true name is

AXA Equitable Life Insurance Company  
\_\_\_\_\_

3. The document number of the filed document being changed is 20041367966  
\_\_\_\_\_

4. The true name has changed.

5. The true name, as changed, is

Equitable Financial Life Insurance Company  
\_\_\_\_\_

6. The assumed entity name (if applicable) is  
\_\_\_\_\_

7. ☐ This document contains additional information as provided by law.

8. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

*(If the following statement applies, adapt the statement by entering a date and, if applicable, time using the required format.)*

The delayed effective date and, if applicable, time of this document is/are 06/15/2020  
(mm dd yyyy hour minute am pm)

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individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

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9. The true name and mailing address  
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New York		NY	10104
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