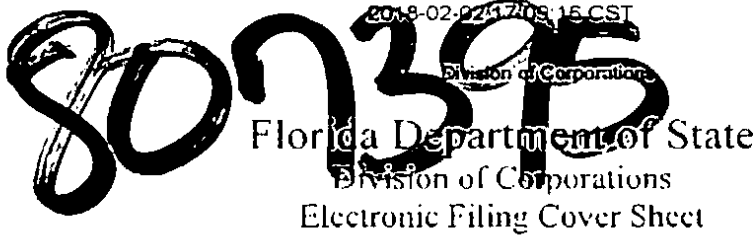


2/2/2018



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.

((H18000040881 3))



H180000408813ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

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

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

FILED  
18 FEB - 5 AM 8:45  
TALLAHASSEE, FLORIDA

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

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$43.75

18 FEB - 5 AM 8:42  
CORRECTIVELY

FEB 06 2018

S. Young

Electronic Filing Menu

Corporate Filing Menu

Help

### COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Primerica Life Insurance Company  
Name of Corporation

**DOCUMENT NUMBER:** 807395

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stacey Geer  
Name of Contact Person

Primerica, Inc.  
Firm/Company

1 Primerica Parkway  
Address

Duluth, GA 30099  
City/State and Zip Code

stacey.geer@primerica.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stacey Geer at ( 470 ) 564-6644  
Name of Contact Person 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 (Additional copy is enclosed)
- \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**PROFIT CORPORATION  
 APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO  
 APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**  
 (Pursuant to s. 607.1504, F.S.)

**SECTION I  
 (1-3 MUST BE COMPLETED)**

807395  
 (Document number of corporation (if known))

1. Primerica Life Insurance Company  
 (Name of corporation as it appears on the records of the Department of State)

2. Massachusetts 3. 07/26/1947  
 (Incorporated under laws of) (Date authorized to do business in Florida)

FILED  
 18 FEB -5 AM 8:46  
 TALLAHASSEE, FLORIDA

**SECTION II  
 (4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? \_\_\_\_\_

5. \_\_\_\_\_  
 (Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.  
 \_\_\_\_\_  
 (New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.  
Tennessee  
 (New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Stacy Geer  
 (Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Stacey Geer  
 (Typed or printed name of person signing)

Secretary  
 (Title of person signing)



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**  
State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

CFS  
SUITE B  
992 DAVIDSON DRIVE  
NASHVILLE, TN 37205

February 2, 2018

**Control # 39570**  
Receipt #: 3784383  
Filing Fee: \$20.00

Effective Date: 12/28/2017

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**CERTIFICATE OF CONVERSION**

**PRIMERICA LIFE INSURANCE COMPANY** converted from a **MASSACHUSETTS**  
**For-profit Corporation**  
to **PRIMERICA LIFE INSURANCE COMPANY** a **TENNESSEE For-profit**  
**Corporation**

This will acknowledge the filing of the Articles of Conversion with an effective date as indicated above.

When corresponding with this office or submitting documents for filing, please refer to the control number given above.

Tre Hargett  
Secretary of State

Processed By: Nichole Hambrick



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**  
State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

**CT CORPORATION SYSTEM**  
2390 E CAMELBACK ROAD  
PHOENIX, AZ 85016

February 2, 2018

**Request Type: Certificate of Existence/Authorization**  
Request #: 0265424

Issuance Date: 02/02/2018  
Copies Requested: 1

**Document Receipt**

Receipt #: 003784927 Filing Fee: \$20.00  
Payment-Credit Card - State Payment Center - CC #: 3720645965 \$20.00

**Regarding: PRIMERICA LIFE INSURANCE COMPANY**  
Filing Type: For-profit Corporation - Domestic Control #: 39570  
Formation/Qualification Date: 09/25/1959 Date Formec: 09/25/1959  
Status: Active Formation Locale: TENNESSEE  
Duration Term: Perpetual Inactive Date:  
Business County:

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**PRIMERICA LIFE INSURANCE COMPANY**

- \* is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

Verification #: 026258733