819113

	<u> </u>		
	(Requestor's Name)		
	(Address)		
	(Address)		
	(City/State/Zip/Phone #)		
PICK-U	P WAIT MAIL		
	(Business Entity Name)		
(Document Number)			
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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 7, 2015

LINEA SYRCLE / EDUCATORS LIFE INSURANCE CO OF AMERICA 1 HROACE MANN PLAZA G100 SPRINGFIELD, IL 62715 US

SUBJECT: ALLEGIANCE LIFE INSURANCE COMPANY

Ref. Number: 819113

We have received your document for ALLEGIANCE LIFE INSURANCE COMPANY and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date 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 the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 715A00016705

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Division of Cornerations DO POV 6227 Tellahassas Florida 2221

COVER LETTER

Division of Corporations
Educators Life Insurance Company of America SUBJECT:
Name of Corporation
DOCUMENT NUMBER: 819/13
The enclosed Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Linea Syrcle, Assistant Corporate Secretary
Name of Contact Person
Educators Life Insurance Company of America
Firm/Company
1 Hroace Mann Plaza G100
Address
Springfield, IL 62715
City/State and Zip Code
Linea.Syrcle@horacemann.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Linea Syrcle, Assistant Corporate Secretary 217 788-5710
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, 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

COVER LETTER

•	
TO: Amendment Section Division of Corporations	
Educators Life Insurance Compa SUBJECT:	ny of America
Name	e of Corporation
DOCUMENT NUMBER:	
The enclosed Amendment and fee are subm	nitted for filing.
Please return all correspondence concerning	g this matter to the following:
Linea Syrcle, Assistant Corporate Secretary	
Name of Contact Person	·
Educators Life Insurance Company of America	t .
Firm/Company	
1 Hroace Mann Plaza G100	
Address	
Springfield, IL 62715	
City/State and Zip Code	<u>and the state of </u>
Linea.Syrcle@horacemann.com	
E-mail address: (to be used for future annu	ual report notification)
For further information concerning this mat	ter, please call:
Linea Syrcle, Assistant Corporate Secretary	217 788-5710
Name of Contact Person	_ at () Area Code & Daytime Telephone Number
Enclosed is a check for the following amoun	nt:
x \$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status	
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.)

	CTION I BE COMPLETED)
(1-3 mest 1	
8/1/	1/25 E 257
(Document number	of corporation (if known)
1. Allegiance Life Insurance Company	主 。
(Name of corporation as it appears of	on the records of the Department of State)
2. Illinois	3 08-15-66
(Incorporated under laws of)	(Date authorized to do business in Florida)
SEC	TION II
	TION II THE APPLICABLE CHANGES)
4. If the amendment changes the name of the corporation	n, when was the change effected under the laws of
—its-jurisdiction of-incorporation?_07-06-2010	
5. Educators Life Insurance Company of America	-
(Name of corporation after the amendment, adding su appropriate abbreviation, if not contained in new name	ffix "corporation," "company," or "incorporated," or ne of the corporation)
(If new name is unavailable in Florida, enter alternate obusiness in Florida)	corporate name adopted for the purpose of transacting
6. If the amendment changes the period of duration, indi	cate new period of duration.
(New	duration)
7. If the amendment changes the jurisdiction of incorpora	ation, indicate new jurisdiction.
(New ju	urisdiction)
 Attached is a certificate or document of similar import 90 days prior to delivery of the application to the Depa having custody of corporate records in the jurisdiction 	t, evidencing the amendment, authenticated not more than artment of State, by the Secretary of State or other official under the laws of which it is incorporated.
Xinoa) Siv	((0))
(Signature of a director, president of a receiver or other court an	lent or other officer - if in the hands pointed fiduciary, by that fiduciary)
Linea Syrcle	Assistant Corporate Secretary
(Typed or printed name of person signing)	(Title of person signing)



STATE OF ILLINOIS

DEPARTMENT OF INSURANCE

320 WEST WASHINGTON STREET SPRINGFIELD, ILLINOIS 62767-0001



I, the undersigned, Director of Insurance of the State of Illinois, hereby certify that the document to which this Certification is attached is a true and correct copy of the original now on file in and forming a part of the records of the Illinois Department of Insurance.

In witness whereof, I hereto set my hand and cause to be affixed this Seal in Springfield, Illinois.

Date: ____JUL- 0 8 2015 /

Acting Director of Insurance

RECEIVED

CERTIFICATE OF AMENDMENT OF ARTICLES OF INCORPORATION

JUL 0 6 2010

STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD

ALLEGIANCE LIFE INSURANCE COMPANY

We, Ann M. Caparros, Vice President and General Counsel, and Linea K. Michael, Assistant Corporate Secretary, of Allegiance Life Insurance Company, a corporation duly organized and existing under the laws of the State of Illinois, do hereby certify that:

- 1. They are the Vice President and General Counsel and Assistant Corporate Secretary, respectively, of Allegiance Life Insurance Company, an Illinois corporation.
- 2. Article I of the Articles of Incorporation of this corporation is amended to read as follows:
 - "ARTICLE I. The name of this corporation is Educators Life Insurance Company of America."
- 3. The foregoing amendment of the Articles of Incorporation has been duly approved by the Board of Directors.
- 4. The foregoing amendment of the Articles of Incorporation has been duly approved by Horace Mann Educators Corporation, the sole shareholder of the corporation, in accordance with 215 ILCS 5/29.

IN_WITNESS-WHEREOF, the undersigned-have-executed this certificate and affixed the corporate seal on this 28th day of June 2010.

Ann M. Caparros

Vice President and General Counsel

Linea K. Michael

Assistant Corporate Secretary

Subscribed to and sworn before me this 28th day of June 2010.

Notary Public

OFFICIAL SEAL
ANN TURNER
NOTARY PUBLIC STATE OF ILLINOIS
MY COMMISSION EXPIRES 2-22-2014

RESTATED ARTICLES OF INCORPORATION EDUCATORS LIFE INSURANCE COMPANY OF AMERICA

Educators Life Insurance Company of America hereby adopts the following Restated Articles of Incorporation for its incorporating document as a corporation under the Illinois Insurance Code.

ARTICLE I

The name of this corporation is Educators Life Insurance Company of America.

ARTICLE II

This corporation was originally incorporated under the laws of the State of California as Educators Life Insurance Company of America. In September 1985, this corporation changed its name to Allegiance Life Insurance Company. In August 1989, this corporation filed Articles of Redomestication under the laws of the State of Arizona. This corporation shall henceforth be bound by the provisions of the Illinois Insurance Code as it may be amended from time to time.

ARTILCE III

The principal office and principal place of business of this corporation shall be One Horace Mann Plaza, Springfield, Illinois 62715.

ARTICLE IV

The duration of this corporation shall be perpetual.

ARTICLE V

The purpose of this corporation is to engage in the business of insurance. The classes of insurance business which this corporation shall be entitled to write are those listed in Class 1(a) and (b) of Section 4 of the Illinois Insurance Code.

ARTICLE VI

The governing body of the Company shall be a Board of Directors consisting of not less than three nor more than twenty-one members as shall be provided for in the bylaws of the Corporation. The term of office of the members of the Board of Directors shall be for one year. In all elections for Directors, every shareholder shall have the right to vote, in person or by proxy, for the number of shares owned by him, for as many persons as there are Directors to be elected, or to cumulate said shares, and give one candidate as many votes as the number of Directors multiplied by the number of shares shall equal, or distribute them on the same principle among as many candidates as he shall think fit.

ARTICLE VII

The authorized amount of capital stock of the corporation shall be eighteen thousand six hundred and fifty-eight (18,658) shares of common stock with a par value of two thousand eight hundred forty-eight dollars (\$2,848) per share.

ARTICLE VIII

The Board of Directors is authorized to make, repeal, alter or amend the Bylaws.

• • • •				
EDUCATORS LIFE INSURANCE COMPA	NY OF AMERICA			
By: MM WANN M. Caparrós Vice President an Linea K. Michael Assistant Corporate Secretary	nd General Counsel			
I certify that on A day of 2010, Ann M. Caparrós and Linea K me to be the Vice President and General Counsel and Assistant Corporate Se Life Insurance Company of America, respectively, personally appeared befor duly sworn acknowledge the signing-of-the-foregoing document-in-the resp forth and declared that the statements therein contained are true.	cretary of Educators re me and being first			
In witness whereof, I have hereunto set my hand. OFFIC ANN NOTARY PUBLIC Notary Public	CIAL SEAL TURNER C. STATE OF ILLINOIS V EXPIRES 2-22-2014			
CERTIFICATION				
The undersigned being duly elected Assistant Corporate Secretary of Educa Company of America, does hereby certify that the foregoing Restated Articles were unanimously adopted by the consent of the shareholder of Educa Company of America on	les of Incorporation tors Life Insurance bove officers of the			
Date August Wichael Linea K. Michael Assistant Corporate Secretary	Approved 8-4-70 State of Illinois Department of Insurance			
	michael / h Care			

DIRECTOR OF INSURANCE