820368

(F	Requestor's	Name)	
(/	Address)		
(/	Address)		
(0	City/State/Z	ip/Phone #)	
PICK-UP	□ ~	/AIT	MAIL
(E	Business Er	ntity Name)	
1)	Document N	Number)	_
ಟ Certified Copies	Ce	rtificates of	Status
Special Instructions t	o Filing Off	icer:	
<i>:.</i>			

Office Use Only



100334008121

CONCRETE TO THE STATE OF THE ST

19 SEP -1, significan

્કુ **ન**ે હાર

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE: 892327 AUTHORIZATION : COST LIMIT : ORDER DATE: August 21, 2019 ORDER TIME : 11:40 AM ORDER NO. : 892327-010 CUSTOMER NO: 4610148 FOREIGN FILINGS NAME: LIBERTY LIFE ASSURANCE COMPANY OF BOSTON XX CORPORATE ____ LIMITED PARTNERSHIP ___ LIMITED LIABILITY COMPANY XXXX AMENDMENT PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY ___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER:

CORPORATION SERVICE COMPANY

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursu	pant to s. 607.1504, F.S.)	70
(1-3)	SECTION I MUST BE COMPLETED)	SEP -4 SEP -4
820368		T
(Document	number of corporation (if known)	
1. Liberty Life Assurance Company of Boston		
(Name of corporation as it a	ppears on the records of the Department of State	:)
2. New Hampshire	3. 08/16/2010	
(Incorporated under laws of)	3. (Date authorized to do bi	usiness in Florida)
·	ONLY THE APPLICABLE CHANGES)	under the laws of
4. If the amendment changes the name of the corp its jurisdiction of incorporation? 9/1/2019	oration, when was the change effected u	inder the laws of
5. Lincoln Life Assurance Company of Boston		
(Name of corporation after the amendment, add appropriate abbreviation, if not contained in no	ling suffix "corporation," "company," of the corporation)	r "incorporated," or
(If new name is unavailable in Florida, enter alto business in Florida)	ernate corporate name adopted for the pu	rpose of transacting
6. If the amendment changes the period of duratio	n, indicate new period of duration.	
n/a		
***	(New duration)	
7. If the amendment changes the jurisdiction of in-	corporation, indicate new jurisdiction.	
n/a		
	(New jurisdiction)	
 Attached is a certificate or document of similar 90 days prior to delivery of the application to the having custody of corporate records in the jurisc 	import, evidencing the amendment, autle Department of State, by the Secretary (liction under the laws of which it is income.	nenticated not more than of State or other official orporated.
Manlyn Ch	desh	
- Linguiture of a director	or, president or other officer - if in the hands court appointed fiduciary, by that fiduciary)	
Marilya Ondecker	Assistant Secretary	
(Typed or printed name of person signing)	(Title of person sig	gning)



State of New Hampshire Department of State



9/3/2019 9:21:56 AM

Corporation Service Company 10 Ferry St., Suite 313 Concord, NH 03301

Enclosed is the acknowledgment copy of your filing. It acknowledges this office's receipt and successful filing of your documents.

Should you have any questions, you may contact the Corporation Division at the phone number or email address below. Please reference your Business ID Number when contacting our office.

Please visit our website for helpful information regarding all your business needs.

Sincerely, Corporation Division

Business ID: 632067 Filing No: 4575082

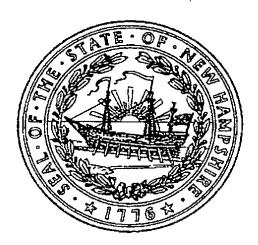
State of New Hampshire Department of State

OFFICE OF SECRETARY OF STATE CERTIFIED COPY

I. David M. Scanlan, Deputy Secretary of State of the State of New Hampshire, do hereby certify that the attached is a true copy of AMENDMENT(08/02/2019) as a New Hampshire Insurance Company of LINCOLN LIFE ASSURANCE COMPANY OF BOSTON previously LIBERTY LIFE ASSURANCE COMPANY OF BOSTON as filed in this office and held in the custody of the Secretary of State. Documents may be subject to reductions according to New Hampshire RSA 91A.

Business 1D: 632067

Certificate Number: 4575082



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 3rd day of September A.D. 2019.

David M. Scanlan

Deputy Secretary of State

State of New Hampshire

Filing fee: \$35.00 Use black print or type. Filed
Date Filed: 08/02/2019 04:30
Effective Date: 09/01/2019 12:0
Filing #: 4561643 Pages
Business ID: 632067
William M. Gardner
Secretary of State
State of New Hampshire

RSA 293-A:10.06

ARTICLES OF AMENDMENT TO THE ARTICLES OF INCORPORATION

PURSUANT TO THE PROVISIONS of the New Hampshire Business Corporation Act, the undersigned corporation adopts the following articles of amendment to its articles of incorporation:

FIRST: The name of the corporation is Liberty Life Assurance Company of Boston

SECOND: The text of each amendment adopted is:

The name of the Corporation shall be: Lincoln Life Assurance Company of Boston

THIRD: If the amendment provides for an exchange, reclassification or cancellation of issued shares, the provisions for implementing the amendment(s), if not contained in the above amendment per RSA 293-A:10(3) and RSA 293-A:1.20(j)(5), are:

N/A

FOURTH: The amendment(s) were adopted on March 38, 2019 (to be effective as of September 1, 2019).

FIFTH:	(Check one)					
	A	The amendment(s) were adopted by the incorporators or board of directors without shareholder action and shareholder action was not required.				
	В	The amendment(s) were approved by the shareholders.				
	C. <u>/</u>	If shareholder action was required, the number cast for the amendment(s) voting group was sufficient for approval by each voting group. (Note 1)	by each			
		Liberty Life Assurance: Company of Boston (Corporate name)	(Note 2)			
		Eur B. When (Signature)	(Note 3)			
		Eric B. Wilmer				
		Asst. V.P. & Sr. Course	(Note 3)			

New Hampshire Insurance Commissioner

Date: 04/65-119

Notes: 1. See RSA 293-A:1.40 for definition of voting group.

- 2. Exact corporate name of corporation adopting articles of amendment.
- 3. Signature and title of person signing for the corporation. Must be signed by chairman of the board of directors, president or other officer, or see RSA 293-A-1.20 (f) for alternative signatures.

DISCLAIMER: All documents filed with the Corporation Division become public records and will be available for public inspection in either tangible or electronic form.

Mailing Address - Corporation Division, NH Dept. of State, 107 N Main St, Rm 204, Concord, NH 03301-4989 Physical Location - State House Annex, 3rd Floor, Rm 317, 25 Capitol St, Concord, NH

LIBERTY LIFE ASSURANCE COMPANY OF BOSTON

Secretary's Certificate

I, Marilyn K. Ondecker, do hereby certify that I am the duly elected and qualified Assistant Secretary of Liberty Life Assurance Company of Boston (the "Company"), a New Hampshire corporation, and that the following is a true and correct copy of a resolution duly adopted by the Board of Directors of the Company, on March 28, 2019 and that such resolution is in full force and effect as of the date hereof:

"WHEREAS, The Board of Directors believes it is advisable and in the best interests of the Company and its shareholder that the Articles of Incorporation of the Company be amended to change the name of the Company and that the Bylaws of the Company be amended to reflect the new name.

RESOLVED, That, subject to shareholder approval and upon receipt of any necessary regulatory approvals, the Articles of Incorporation of the Company be amended by Articles of Amendment as follows:

"The name of the Corporation shall be Lincoln Life Assurance Company of Boston."

RESOLVED FURTHER, That, subject to shareholder approval and upon receipt of any necessary regulatory approvals, the amended and restated bylaws attached hereto as *Exhibit A* are approved and adopted as the Bylaws of the Company.

RESOLVED FURTHER, That the officers of the Company are authorized to take such other action as is necessary or desirable to effect the intent of this resolution."

In witness whereof, I have hereunto affixed my name as Assistant Secretary of said Company this 29th day of March, 2019.

Marilyn-K. Ondecker

LIBERTY LIFE ASSURANCE COMPANY OF BOSTON

Secretary's Certificate

I, Marilyn K. Ondecker, do hereby certify that I am the duly elected and qualified Assistant Secretary of Liberty Life Assurance Company of Boston (the "Company"), a New Hampshire corporation, and that the following is a true and correct copy of a resolution duly adopted by the Shareholder of the Company, on March 28, 2019 and that such resolution is in full force and effect as of the date hereof:

"WHEREAS, Pursuant to a resolution adopted by the Board of Directors on March 28, 2019, the Board of Directors has proposed that the Articles of Incorporation of the Company be amended to change the name of the Company, and the Bylaws of the Company be amended and restated in order to reflect the new name.

RESOLVED, That, upon receipt of any necessary regulatory approvals, the Articles of Incorporation of the Company be amended by Articles of Amendment as follows:

"The name of the Corporation shall be Lincoln Life Assurance Company of Boston."

RESOLVED FURTHER, That, upon receipt of any necessary regulatory approvals, the amended and restated bylaws attached hereto as *Exhibit A* are approved and adopted as the Bylaws of the Company.

RESOLVED FURTHER, That the officers of the Company are authorized to take such other action as is necessary or desirable to effect the intent of this resolution."

In witness whereof, I have hereunto affixed my name as Assistant Secretary of said Company this 29th day of March, 2019.

Marilyn K. Andecker