Home Office Bank One Center/Tower 111 Monument Circle . Suite 4540 Indianapolis, Indiana 46204

Mailing Address P.O. Box 6047

Indianapolis, Indiana 46206-6047

Telephone: 317.238.5500

800.582.9621 Facsimile: 317.238.5584

CENTRIS LIFE INSURANCE COMPANY

June 16, 1999

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

Re:

Certificate of Status/Name Change-From: Seaboard Life Insurance Company to Centris Life Insurance Company/NAIC No.: 92711 NAIC Company Code: 235

Dear Sir/Madam:

Please find enclosed the Application By Foreign Profit Corporation to file amendment to application for authorization to transact business in Florida and a check in the amount of \$43.75 for the filing fee and Certificate of Status.

Sincerely,

Consulting Analyst

enclosure



# FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 24, 1999

DELMA MARTIN P.O. BOX 6047 INDIANAPOLIS, IN 46206-6047

SUBJECT: SEABOARD LIFE INSURANCE COMPANY (USA)

Ref. Number: 850735

We have received your document for SEABOARD LIFE INSURANCE COMPANY (USA) and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

An original, duly authenticated certificate from the state of incorporation/organization evidencing the amendment, must be submitted with the application. The certificate must have been issued within the past 90 days.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6916.

Letter Number: 899A00033748

Carol Mustain Corporate Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314



### FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 22, 1999

DELMA MARTIN P.O. BOX 6047 INDIANAPOLIS, IN 46206-6047

SUBJECT: SEABOARD LIFE INSURANCE COMPANY (USA)

Ref. Number: 850735

We have received your document for SEABOARD LIFE INSURANCE COMPANY (USA) and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

An original, duly authenticated certificate from the state of incorporation/organization evidencing the amendment, must be submitted with the application. The certificate must have been issued within the past 90 days.

The certificate must state the actual name being change from the old name to the new name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6916.

Carol Mustain Corporate Specialist

Letter Number: 799A00037617

# 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.)

(1-3 must be completed)	
1. <u>CENTRIS LIFE INSURANCE COMPANY (FORMERLY SEABOARD LIFE INSURANCE COMPANY</u> (U	SA)
Name of corporation as it appears on the records of the Department of State.	
2. INDIANA 3. 12-4-81	
Incorporated under laws of Date authorized to do business in Florida	
99 SEP	7
SECTION II  (4-7 complete only the applicable changes)	-
(4-) Complete only the applicable changes)	M
4. If the amendment changes the name of the corporation, when was the change effects under the laws of its jurisdiction of incorporation? 2-24-99	<u>ප්</u>
5. CENTRIS LIFE INSURANCE COMPANY	
Name of corporation after the amendment, adding suffix "corporation", "company" or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation.	
6. If the amendment changes the period of duration, indicate new period of duration.	
N/A	
New Duration	
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.	
N/A New Jurisdiction	
Mad Many 6-9-99 Signature Date	
Typed or printed name  Typed or printed name  VICE-President  Title	

#### STATE OF INDIANA

## OFFICE OF THE SECRETARY OF STATE

#### CERTIFICATE OF FACT

To Whom These Presents Come, Greeting:

I, Sue Anne Gilroy, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that the records of this office disclose that Articles of Amendment to the Articles of Incorporation, bearing an approved and filed date of March 1, 1999 were filed, changing the name of the corporation from:

#### SEABOARD LIFE INSURANCE COMPANY (USA)

to

#### CENTRIS LIFE INSURANCE COMPANY

I further certify that this corporation has filed its most recent annual report required by Indiana law with the Secretary of State and that Articles of Dissolution have not been filed.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Seventh day of September, 1999.

Sue annu Silvay
Sue anne Gilroy, Secretary of State

Deputy