

P01626

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PK
T. Lewis

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Revios Reinsurance Canada Ltd.
(Name of corporation)

DOCUMENT NUMBER: P01626

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas L. Evans
(Name of person)

Revios Reinsurance Canada Ltd.
(Name of firm/company)

480 University Avenue
(Address)

Toronto, Ontario M5G 1V6
(City/state and zip code)

For further information concerning this matter, please call:

Thomas L. Evans at (416) 542-1735
(Name of 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 &
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enclosed)

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\$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
409 E. Gaines Street
Tallahassee, FL 32399



April 27, 2004

Thelma Lewis
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399 USA

Peter M.J. Thurton, B.A., LL.B.
General Counsel &
Assistant Secretary

Tel: (416) 542-1755
Fax: (416) 598-9869
peter.thurton@revios.us

RE: Company Name Change
Revios Reinsurance Canada Ltd.
(formerly Gerling Global Life Insurance Company)
NAIC# 92673, FEIN # 95-3549246

Dear Ms. Lewis:

This is in response to our telephone conversation of today regarding the above,
attached please find the following:

1. Transmittal Letter
2. Application for Foreign Profit Corporation to file Amendment to Application for Authorization to Transact Business in Florida.

Please do not hesitate to contact us if you have further documentation that needs to be completed to affect this change.

Yours truly,

Revios Reinsurance

480 University Avenue
Toronto, Ontario
Canada
M5G 1V6

www.revios.us

RECEIVED
MAY 10 AM 10:00
ENCL.

VP, Finance & Secretary-Treasurer
(Title of person signing)

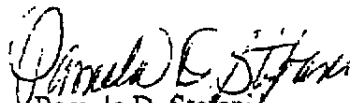
STATE OF CALIFORNIA DEPARTMENT OF INSURANCE

San Francisco

I, JOHN GARAMENDI, Insurance Commissioner of the State of California, do hereby certify that on the date specified herein, the name **Revios Reinsurance Canada Ltd.**, the United States Branch of a Canadian insurer, Port of Entry is California, has been approved and the name reserved in California as a name change for **Gerling Global Life Insurance Company**, for a period of 90 days from the date herein.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year specified below.

JOHN GARAMENDI
Insurance Commissioner

By 
Pamela D. Stefani
Senior Legal Analyst
On Behalf Of
Ida T. Zodrow
Assistant Chief Deputy
February 19, 2004

A foreign or alien corporation must attach this Certificate to its statement and designation to obtain a Certificate of Qualification from the California Secretary of State.

Note: This certificate does not authorize the subject entity to transact business in California unless and until a Certificate of Authority or license has been issued.

State of California



SECRETARY OF STATE

I, *Kevin Shelley*, Secretary of State of the State of California, hereby certify:

That the attached transcript of 1 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.

IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of

FEB 24 2004



Kevin Shelley
Secretary of State

A0607980

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

FEB 24 2004

KEVIN SHELLEY
Secretary of State

**AMENDED STATEMENT BY
FOREIGN CORPORATION**

Revios Reinsurance Canada Ltd.

(Name of Corporation)

_____, a corporation organized
and existing under the laws of Canada, and which is presently
(State or Place of Incorporation)

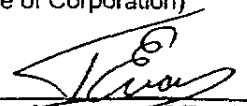
qualified for the transaction of intrastate business in the State of California, makes the
following statement:

That the name of the corporation has been changed to that hereinabove set forth and
that the name relinquished at the time of such change was _____

Gerling Global Life Insurance Company

Revios Reinsurance Canada Ltd.

(Name of Corporation)


(Signature of Corporate Officer)

Thomas L. Evans
Vice President, Finance & Secretary-Treasurer
(Typed Name and Title of Officer Signing)



STATE OF CALIFORNIA
DEPARTMENT OF INSURANCE
SAN FRANCISCO

Amended
Certificate of Authority

THIS IS TO CERTIFY, That, pursuant to the Insurance Code of the State of California,

Revios Reinsurance Canada Ltd.

of Toronto, Ontario, Canada, organized under the laws of Canada, subject to its Articles of Incorporation or other fundamental organizational documents, is hereby authorized to transact within this State, subject to all provisions of this Certificate, the following classes of insurance:

Life and Disability

as such classes are now or may hereafter be defined in the Insurance Laws of the State of California.

THIS CERTIFICATE is expressly conditioned upon the holder hereof now and hereafter being in full compliance with all, and not in violation of any, of the applicable laws and lawful requirements made under authority of the laws of the State of California as long as such laws or requirements are in effect and applicable, and as such laws and requirements now are, or may hereafter be changed or amended.

IN WITNESS WHEREOF, effective as of the 22nd day of March, 2004, I
have hereunto set my hand and caused my official seal to be affixed
this 22nd day of March, 2004 .

Fee \$117.00

Rec. No.

Filed 3/2/04

John Garamendi
Insurance Commissioner

By

Victoria S. Sidbury
for Ida Zodrow Asst. Chief Deputy

Certification

I, the undersigned Insurance Commissioner of the State of California, do hereby certify that I have compared the above copy of Certificate of Authority with the duplicate of original now on file in my office, and that the same is a full, true, and correct transcript thereof, and of the whole of said duplicate, and said Certificate of Authority is now in full force and effect.

IN WITNESS WHEREOF, I have hereunto set my hand and caused my
official seal to be affixed this 12th day of April, 2004.

John Garamendi
Insurance Commissioner

By *Pauline D'Andrea*
Pauline D'Andrea