

# Pa 1193

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations  
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### COR AMND/RESTATE/CORRECT OR O/D RESIGN SMART INSURANCE COMPANY

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C. GOLDEN

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2/28/2019 3:36:47 PM PAGE 1/001 Fax Server



February 28, 2019

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SMART INSURANCE COMPANY  
515 CONGRESS AVENUE  
SUITE 2220  
AUSTIN, TX 78701US

SUBJECT: SMART INSURANCE COMPANY  
REF: P21193

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The electronic filing cover sheet submitted with your document reflects the incorrect corporate name. The cover sheet must reflect the current name. Please generate a cover sheet under the appropriate corporate name. When resubmitting your document for filing, please also send a copy of the incorrect cover sheet marked "ABANDONED".

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

Claretha Golden  
Regulatory Specialist II

FAX Aud. #: H19000061959  
Letter Number: 919A00004263

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)

P21193

(Document number of corporation (if known))

FILED
2019 FEB 22 PM 3:14

1. SmartInsuranceCompany

(Name of corporation as it appears on the records of the Department of State)

2. Arizona

(Incorporated under laws of)

3. 10/6/1988

(Date authorized to do business in 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? 04/23/2018

5. Greenhouse 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)

(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.

(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.

[Handwritten Signature]

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

Dana C. Wiele

(Typed or printed name of person signing)

Secretary

(Title of person signing)

# STATE OF ARIZONA



**Office of the  
CORPORATION COMMISSION**

The Executive Director of the Arizona Corporation Commission does hereby certify that the records of this agency show that

**SMART INSURANCE COMPANY**

was incorporated or formed on the 28th day of February, 1972.

The Executive Director further certifies that the above named entity changed its name to:

**GREENHOUSE LIFE INSURANCE COMPANY**

on the 23rd day of April, 2018.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission on this date: February 13, 2019.



Matthew Neubert, Interim Executive Director

By: \_\_\_\_\_

**LETICIA ALONZO**