

018359

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

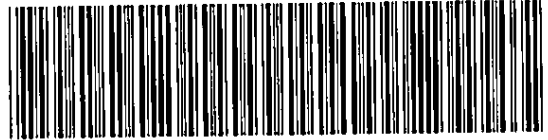
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



800435584468

Amend

FILED

2024 SEP 11 AM 8:53

CLERK OF STATE
OFFICE OF REVENUE

A. RAMSEY
SEP 18. 2024

2024 SEP 11 PM 3:33

CLERK OF STATE

*02250, 00524, 00671



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext: x61563
Date: 09/11/24
Order #: 1621602-1
Re: American Bankers Life Assurance Company of Florida
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: ~~\$43,75~~ FL State Account Number:
120000000195

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: American Bankers Life Assurance Company of Florida

DOCUMENT NUMBER: 018359

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Monica Aparicio

Name of Contact Person

Assurant

Firm/ Company

701 Waterford Way, Suite 600

Address

Miami, FL 33126

City/ State and Zip Code

monica.aparicio@assurant.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monica Aparicio at (305) 253-2244

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RESUBMIT
Please give original
submission date as file date.

September 12, 2024

CORPORATION SERVICE COMPANY

TALLAHASSEE, FL 32301

SUBJECT: AMERICAN BANKERS LIFE ASSURANCE COMPANY OF FLORIDA
Ref. Number: 018359

We have received your document for AMERICAN BANKERS LIFE ASSURANCE COMPANY OF FLORIDA and the authorization to debit your account in the amount of \$43.75. However, the document has not been filed and is being returned for the following:

Page 4 references an attached amendment to articles (see date of adoption on line 1). Please include the attachment when you resubmit the articles of amendment.

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) 245-6050.

Annette Ramsey
OPS

Letter Number: 724A00020477

RECEIVED
TALLAHASSEE, FLORIDA

2024 SEP 17 PM 3:34

Articles of Amendment
to
Articles of Incorporation
of

FILED

2024 SEP 11 AM 8:53

(Name of Corporation as currently filed with the Florida Dept. of State)

American Bankers Life Assurance Company of Florida

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

701 Waterford Way

Suite 600

Miami, FL 33126

C. Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 979199

Miami, FL 33197-9199

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address:

(City)

, Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

X Change PT John Doe

X Remove V Mike Jones

X Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add			_____
<input type="checkbox"/> Remove			_____

May 22, 2024 (please reference attached Amendment to Articles)

The date of each amendment(s) adoption: _____, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____,"
(voting group)

9/10/2024
Dated _____

Signed by: _____
Signature _____
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Jeannie Aragon-Cruz

(Typed or printed name of person signing)

Secretary

(Title of person signing)

AMEND-17275

FIRST AMENDMENT
TO RESTATED ARTICLES OF INCORPORATION OF
AMERICAN BANKERS LIFE ASSURANCE COMPANY OF FLORIDA

The undersigned, being the duly elected and acting Secretary of American Bankers Life Assurance Company of Florida (the "Company"), hereby certify that:

1. **Authority for Amendment.** This Amendment to the Restated Articles of Incorporation is made pursuant to the provisions of Chapter 628, Fla. Stat.
2. **Approval.** The amendment set forth below has been duly approved by the required vote of shareholders and the Board of Directors of the Company in accordance with the provisions of the Florida Statutes and bylaws of the Company.
3. **Amendment to Article II of the Articles of Incorporation.**

Existing Text of Article II:

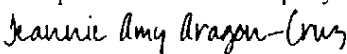
"The location of the principal office for the transaction of the business of this Corporation shall be in the County of Dade, State of Florida, but regional or branch offices may from time to time be opened in such other places as the Board of Directors may deem advisable. [The mailing address shall be American Bankers Life Assurance Company of Florida, 11222 Quail Roost Drive, Miami, Florida 33157]."

Amended Text of Article II:

"The principal office of the Company shall be 701 Waterford Way, Suite 600, Miami, FL 33126, and its mailing address shall be P.O. Box 979199, Miami, FL 33197-9199, or, in each case, at such other place as may be subsequently designated by the Board of Directors. All books and records of the Company shall be kept at its principal office or at such other place as may be permitted by the Florida Insurance Code."

4. **Effective Date of Amendment.** This Amendment shall be effective on May 31, 2024, subject to the approval of the Florida Office of Insurance Regulation.

IN WITNESS WHEREOF, the undersigned has executed this Amendment No. 1 to the Restated Articles of Incorporation of the Company on this 22 day of May 2024.


A4D9DC2709804F3

Jeannie Aragon-Cruz

Secretary

American Bankers Life Assurance Company of Florida