

802890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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RE  
MAR 10 2015  
R. WHITE

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Continental Assurance Company  
Name of Corporation

**DOCUMENT NUMBER:** 802890

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donna Tomlinson

Name of Contact Person

Texas Life Ins. Company

Firm/Company

P. O. Box 830

Address

Waco, TX 76703-0830

City/State and Zip Code

devans@wiltonre.com

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

For further information concerning this matter, please call:

Donna Tomlinson

Name of Contact Person

at ( 254 )

745-6303

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 &  
Certified Copy  
(Additional copy is  
enclosed)



\$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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**NOT FOR PROFIT CORPORATION  
APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION TO FILE  
AMENDMENT TO APPLICATION FOR CONDUCTING AFFAIRS IN FLORIDA**  
(Pursuant to s. 617.1504, F.S.)

**SECTION I  
(1-3 MUST BE COMPLETED)**

802890

(Document Number of Corporation (If known))

1. Continental Assurance Company

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

2. Illinois

(Incorporated under laws of)

3. 12/18/1984

(Date authorized to conduct affairs in Florida)

**SECTION II  
(4-8 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? 02/19/2015

5. Wilcac Life Insurance Company (Corporation)

(Name of corporation after the amendment, adding suffix "corporation," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation. "Company," or "Co.," may not be used as a corporate suffix by a nonprofit corporation)

6. If the amendment changes the period of duration, indicate new period of duration and the date the change was effected.

No Change

(New duration)

(Date)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction and the date the change was effected.

No Change

(New jurisdiction)

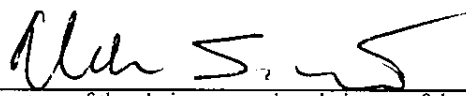
(Date)

8. If the purpose which the corporation intends to pursue in Florida has changed, indicate new purpose:

No Change

(The corporation is authorized to pursue such purpose in the jurisdiction of its incorporation)

9. 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.

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

Mark R. Sarlitto

(Typed or printed name of the person signing)

SVP, General Counsel & Sec.

(Title of person signing)



## Illinois Department of Insurance

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Bruce Rauner  
Governor

James A. Stephens  
Acting Director

February 20, 2015

Wilton Re  
Patricia D. Harrigan  
Vice President, Associate General Counsel  
187 Danbury Road, Riverview Building  
Wilton, Connecticut 06897

RE: Change of Name and home office address  
Continental Assurance Company's name change to Wilcac Life Insurance Company  
Address change from Chicago, Illinois to Jacksonville, Illinois

Dear Ms. Harrigan:

The duplicate original of the Amended Articles of Incorporation amended November 20, 2014 and approved on February 19, 2015 showing new name and address is enclosed. After this document has been filed with the county recorder, please furnish us with the date and number of the recording.

Also enclosed, please find Amended Certificate of Authority showing the new name as **Wilcac Life Insurance Company and new address as Jacksonville, Illinois**, effective February 19, 2015.

We are placing one copy of the Amended Bylaws in your Company's official file and one copy bearing our filed stamp of February 19, 2015 is being returned to be placed in your Company's file.

Our invoice in the amount of \$300.00 is being sent under separate cover.

Sincerely,

Amy Stuart  
Supervisor  
LAH Corporate Regulation  
217-782-9694  
amy.stuart@illinois.gov

AS:msc  
Encls.

AMENDED CERTIFICATE OF AUTHORITY

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE



WHEREAS, the Wilcac Life Insurance Company, located at Jacksonville  
in the State of Illinois, has complied with all of the requirements of the "Illinois  
Insurance Code" applicable to said Company.

NOW, THEREFORE, I, the undersigned, Acting Director of Insurance of the State  
of Illinois, do hereby authorize the said Company to transact its appropriate business as set  
forth under Clause(s) (a) and (b) of Class 1 of Section 4 of the "Illinois Insurance  
Code" in this State, in accordance with the laws thereof.

DEPARTMENT OF INSURANCE  
OF THE STATE OF ILLINOIS

Date: 2/19/15

James A. Stephens  
James A. Stephens  
Acting Director

