

805054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

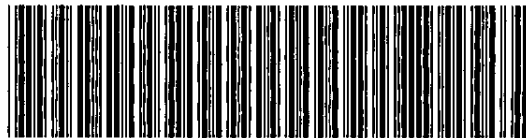
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
ALABAMA

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Union Fidelity Life Insurance Company
Name of Corporation

DOCUMENT NUMBER: 805054

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nancy M. Liu

Name of Contact Person

Union Fidelity Life Insurance Company

Firm/Company

4636 Somerton Road, Building 8

Address

Trevoze, PA 19053

City/State and Zip Code

nancy.liu@ge.com

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

For further information concerning this matter, please call:

Nancy M. Liu at (215) 953-2529
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> \$35.00 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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)

805054

(Document number of corporation (if known))

1. Union Fidelity Life Insurance Company

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

2. Illinois

(Incorporated under laws of)

3. 05/12/1939

(Date authorized to do business in Florida)

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STATE DEPARTMENT OF REVENUE
TALLAHASSEE, 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? _____

5. _____
(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.

Kansas

(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.

Nancy M. Liu

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

Nancy M. Liu

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

457-163-4

CD

53-57

KANSAS SECRETARY OF STATE
Insurance Certificate of
Domestication

CONTACT: Kansas Secretary of State, Chris Biggs

Memorial Hall, 1st Floor
120 S.W. 10th Avenue
Topeka, KS 66612-1594

(785) 296-4564
kssos@kssos.org
www.kssos.org

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\$35.00

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INSTRUCTIONS: All information must be completed or this document will not be accepted for filing.
Please read instructions sheet before completing.

1. Name of the corporation:

Name must match the name on record with the Secretary of State

Union Fidelity Life Insurance Company

2. Home state of incorporation:

Illinois

3. Date of original incorporation:

September 2, 1925

4. Principal place of business:

*Address must be a street address
A P.O. box is unacceptable*

7101 College Boulevard, Suite 1400

Street Address

Overland Park

KS

66210

City

State

Zip

5. Resident agent and registered office in Kansas:

*Address must be a street address
A P.O. box is unacceptable*

Catherine R. McBride

Name

7101 College Boulevard, Suite 1400

Street Address

Overland Park

Kansas

66210

City

State

Zip

The corporation hereby domesticates itself into Kansas as a Kansas domiciled insurance corporation. The corporation has received approval from the Kansas Insurance Department to domesticate in Kansas, evidenced by the stamp of approval on this certificate.

6. I declare under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct and that I have remitted the required fee.

Nancy M. Liu

Signature of authorized officer

12-19-2011

Date (month, day, year)

Nancy M. Liu

Name of signer (printed or typed)

Assistant Secretary

Title

Approved for filing:

Sandy Praeger

SANDY PRAEGER

Commissioner of Insurance

Date: 12-20-11