809871

(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
TALLAHASSEE, FLORIDA

Jur Chang
FCL
10/29/13

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Renaissance Life & Health Insurance Company of America
Name of Corporation

DOCUMENT NUMBER: 809871

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bethany Stecovich
Name of Contact Person

Renaissance Life & Health Insurance Company of America
Firm/Company

4100 Okemos Road
Address

Okemos MI 48864
City/State and Zip Code

Compliance@renaissancefamily.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bethany Stecovich at (517) 347-5273
Name of Contact 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 & 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

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)

809871
(Document number of corporation (if known))

1. Renaissance Life & Health Insurance Company of America
(Name of corporation as it appears on the records of the Department of State)

2. Nebraska
(Incorporated under laws of)

3. 2/23/65
(Date authorized to do business in Florida)

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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.

Indiana
(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.

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

Jonathan S. Groat
(Typed or printed name of person signing)

V.P. and General Counsel
(Title of person signing)

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

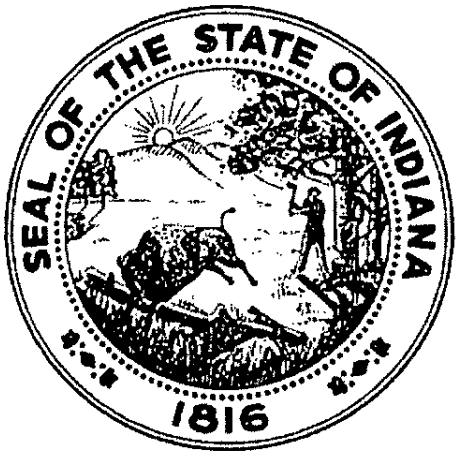
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

RENAISSANCE LIFE & HEALTH INSURANCE COMPANY OF AMERICA

duly filed the requisite documents to commence business activities under the laws of State of Indiana on January 16, 2007, and was in existence or authorized to transact business in the State of Indiana on October 04, 2013.

I further certify this Domestic Insurance Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Fourth Day of October, 2013.

Connie Lawson

Connie Lawson, Secretary of State

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