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SAN DIEGO SAN FRANCISCO TALLAHASSEE TAMPA WASHINGTON, D.C. WEST PALM BEACH

CLIENT/MATTER NUMBER 028361/0106

April 1, 1998

## 000002479520--04/06/98--01019--024 \*\*\*\*\*52.50 \*\*\*\*\*52.50 <u>-</u>

#### PERSONAL AND CONFIDENTIAL

## VIA OVERNIGHT DELIVERY

Ms. Susan Payne Amendment Section Division of Corporations 409 East Gaines St. Tallahassee, FL 32399

Time Insurance Company Name Change to Fortis Insurance Company

Dear Ms. Payne:

Re:

Further to our recent conversations, I am enclosing the following documentation to effect Time Insurance Company's name change to Fortis Insurance Company on its authorization to transact business in Florida:

- An Application by Profit Corporation to File Amendment to Application for 1. Authorization to Transact Business in Florida;
- A certified copy of the Wisconsin Certificate of Authority issued in the Fortis 2. Insurance Company name;
- A draft in the amount of \$52.50 for the filing fee and issuance of two 3. Certificates of Status in the Fortis Insurance Company name.

FILING R. AGENT CERT. COPY 17,50 CUS **OVERPAYMENT** TOTAL

001.282953.1

A MEMBER OF GLOBALEX WITH MEMBER OFFICES IN BERLIN, BRUSSELS, DRESDEN, FRANKFURT, LONDON, SINGAPORE, STOCKHOLM AND STUTTGART

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Ms. Susan Payne April 1, 1998 Page 2

As we have discussed, I would appreciate it if you would send one copy of the Certificate of Status by facsimile and regular mail to:

Ms. Yashua Ji Department of Insurance State of Florida State Capitol Plaza Level Eleven Tallahassee, FL 32399-0300 Facsimile (850)488-7061

Please return the remaining Certificate of Status to me at the above address.

Thank you again for your assistance in this matter. Should you have any questions regarding this application feel free to contact

Very truly yours,

Ethan D. Lenz

Enclosure(s)

cc: David Hill (w/o enclosures)

John R. Heitkamp, Jr. (w/o enclosures)

# 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)

Time Insurance Company	
Name of corporation as it appears on	the records of the Department of State.
Wisconsin	3. June 26, 1956
Incorporated under laws of	Date authorized to do business in Florida
	TION II HE 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? April 1, 1998	<del></del>
Fortis Insurance Company	4° 4' 5'
Name of corporation after the amendment, adding suffix "corporation not contained in new name of the corporation."	ation" "company" or "incorporated," or appropriate abbreviation, if
5. If the amendment changes the period of duration, indic	cate new period of duration.
N/A	
New L	Duration
7. If the amendment changes the jurisdiction of incorpora	tion, indicate new jurisdiction.
N/A New Ju  Signature	April 1, 1998  Date
David K. Hill	2nd Vice-President
Typed or printed name	Title



# State of Wisconsin Office of the Commissioner of Insurance P.O. Box 7873 Madison, Wisconsin 53707-7873

## Certification of the Authenticity of Copy of Document on File

The Commissioner of Insurance of the State of Wisconsin certifies that the attached copy of

## CERTIFICATE OF AUTHORITY

for FORTIS INSURANCE COMPANY (formerly TIME INSURANCE COMPANY)

is a true and correct copy of the original now on file with the Office of the Commissioner of Insurance.

Dated at Madison, Wisconsin, this 1st

day of April, 1998

Commissioner of Insurance



Certificate No.

Dute Issued:

## Certificate of Authority State of Wisconsin

Office of the Commissioner of Insurance P.O. Box 7873 Madison, Wisconsin 53707-7873

License Chapter: 611 Wis. Stat.	
This Is To Certify, That pursuant to the Insurance Laws of the state of Wisconsin,	
Fortis Insurance Company Wisconsin	
has paid the fees and taxes required by law and that it is hereby authorized to transact the business of:	
(1) (A) Life insurance and annuities (NON-PARTICIPATING) (1) (C) Disability insurance	
subject to the following limitations:	

in the state of Wisconsin as long as the insurer continues to conform to the authority granted by this certificate, is in full compliance with all, and not in violation of any, of the the applicable laws and lawful requirements made under

Commissioner of Insurance

authority of the laws of the state of Wisconsin.