811112

(Red	questor's Name)	
(Add	dress)	
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(6)	ICA-A-TZ' (DI-	- 10
(City	//State/Zip/Phone	₹#)
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R. WHITE NOV 1 5 2019

COVER LETTER

TO: Amendment Section Division of Corporations		
TIME UNSURANCE COMPANY		
SUBJECT: Name	of Corporation	
DOCUMENT NUMBER: 811112		
The enclosed Amendment and fee are subm	nitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Kathleen N. Starrs		
Name of Contact Person		
Time Insurance Company II		
Firm/Company		
P.O. Box 194320		
Address		
San Juan, Puerto Rico 00919		
City/State and Zip Code	 	
kathy.starrs@hamlle.com		
E-mail address: (to be used for future and	nual report notification)	
For further information concerning this ma	itter, please call:	
Kathleen N. Starrs	787 919-0762 at ()	
Name of Contact Person	at () Area Code & Daytime Telephone Number	
Enclosed is a check for the following amou	int:	
\$35,00 Filing Fee X \$43.75 Filing Fee & Certificate of State		
Mailing Address:	Street Address:	
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	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)

811112			
(Document num	ber of corporation (if known)		
1. Time Insurance Company			
(Name of corporation as it appear	ars on the records of the Department of State)		
2. Wisconsin	3. <u>6/26/1956</u> (Date authorized to do busine		
(Incorporated under laws of)	(Date authorized to do busine	ess in Florida)	
(4-7 COMPLETE ONI	ECTION II LY THE APPLICABLE CHANGES)		
4. If the amendment changes the name of the corpora		er the laws of	
its jurisdiction of incorporation? December 5, 2018			
5. Time Insurance Company II (Name of corporation after the amendment, adding			
appropriate abbreviation, if not contained in new (If new name is unavailable in Florida, enter alternabusiness in Florida)	name of the corporation)		
6. If the amendment changes the period of duration, i	ndicate new period of duration.	7	
	New duration)	<u>2</u>	
7. If the amendment changes the jurisdiction of incor	poration, indicate new jurisdiction.		
Puerto Rico		ؽ	
(N	ew jurisdiction)	32	
 Attached is a certificate or document of similar im 90 days prior to delivery of the application to the L having custody of corporate records in the jurisdict 	port, evidencing the amendment, authen department of State, by the Secretary of State, by the secretary of State, by the secretary of State and the secretary of which it is incorporated to the secretary of which it is incorporated to the secretary of the secret	ticated not more than State or other official orated.	
Karten dan	5, CFO		
(Signature of a director, p of a receiver or other cou	resident or other officer - if in the hands rt appointed fiduciary, by that fiduciary)		
Kathleen N. Starrs	Chief Financial Officer		
(Typed or printed name of person signing)	(Title of person signing	(Title of person signing)	



Commonwealth of Puerto Rico

OFFICE OF THE COMMISSIONER OF INSURANCE

Certificate of Authority

This is to certify that

Time Insurance Company II

268 Avenida Ponce de Leon Suite 416 San Juan PR 00918

has complied with the corresponding requirements of transact insurance business as an International Insurer pursuant to Chapter 61 of the Insurance Code of Puerto Rico. Therefore, the Office of the Commissioner of Insurance of Puerto Rico hereby grants Class 5 insurance.

This authorization shall be in force from July 01, 2019 to June 30, 2020 unless previously suspended, revoked or terminated pursuant to the law and regulations in force.

In witness whereof, I hereunto subscribe my name and affix my official seal at Guaynabo, Puerto Rico, this 18th day of July, 2019.



Javier Rivera Ríos Commissioner of Insurance