

PartnerRe US

PartnerRe Life Insurance Company of the U.S.

Lucy D. Telles
Administrative Assistant

811291

September 9, 1999

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Postal Service Express Mail #EL362750118US

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Dear Sir or Madam:

RE: PartnerRe Life Insurance Company of the U.S. Name Change Requirements

Enclosed is an original executed *Application by Foreign Profit Corporation to File Amendment to Application for Authorization to Transact Business in Florida*. I realize we are submitting this filing much later than the 30 days after the occurrence as required by the State of Florida and apologize for the inconvenience. Unfortunately, not only were we unaware of this requirement but we also forwarded all the name change documents to the wrong address. We have been in contact with Ms. Susan Payne, Senior Section Administrator, and she is aware of our error. I hope the enclosed will get us on the right track now. Also enclosed is our check in the amount of \$43.75 representing the filing fees.

Thank you so much for your assistance in this matter. Please call me direct at (214) 559-1800 or toll free at (800) 527-5416, extension 1804 if you have any questions or require additional information.

Sincerely,



Lucy D. Telles

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PartnerRe Life Insurance Company of the U.S.
Republic-Vanguard Life Insurance Company
Investors Insurance Corporation
2727 Turtle Creek Boulevard
Dallas, Texas 75219

Telephone
Facsimile

214-559-1800
214-559-1219

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)

1. Winterthur Life Re Insurance Company
Name of corporation as it appears on the records of the Department of State.
2. State of Texas 3. June 6, 1994
Incorporated under laws of Date authorized to do business in 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? n/a
5. PartnerRe Life Insurance Company of the U.S.
Name of corporation after the amendment, adding suffix "corporation" "company" or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation.
6. If the amendment changes the period of duration, indicate new period of duration.
n/a
New Duration
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.
n/a
New Jurisdiction

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

 September 8, 1999
Signature Date

A. Gordon Jardin President & CEO
Typed or printed name Title



Texas Department of Insurance

333 Guadalupe Street, P.O. Box 149104 Austin, Texas 78714-9104
512/463-6169

STATE OF TEXAS §
 §
COUNTY OF TRAVIS §

The Commissioner of Insurance, as the chief administrative and executive officer and custodian of records of the Texas Department of Insurance has delegated to the undersigned the authority to certify the authenticity of documents filed with or maintained by or within the custodial authority of the Insurer Services Division of the Texas Department of Insurance.

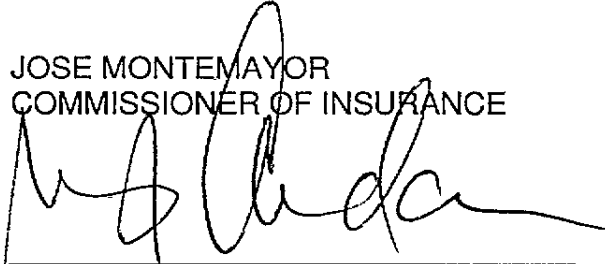
Therefore, I hereby certify that the attached documents are true and correct copies of the documents described below. I further certify that the documents described below are filed with or maintained by or within the custodial authority of the Insurer Services Division of the Texas Department of Insurance.

Current Certificate of Authority for PARTNERRE LIFE INSURANCE COMPANY OF THE U.S., Dallas, Texas, No. 12173, dated April 2, 1999, consisting of one (1) page.

IN TESTIMONY WHEREOF, witness my hand and seal of office at Austin, Texas, this 10th day of June, 1999.

JOSE MONTEMAYOR
COMMISSIONER OF INSURANCE

BY:


M. J. (Mike) Arendall
Admissions Officer
Insurer Services Division
Order No. 96-1276

Texas Department of Insurance



Certificate No. 12173

Company No. 01-043000

Certificate of Authority

THIS IS TO CERTIFY THAT

PARTNERRE LIFE INSURANCE COMPANY OF THE U.S.

DALLAS, TEXAS

has complied with the laws of the State of Texas applicable thereto and is hereby authorized to transact the business of

Life; Accident and Health

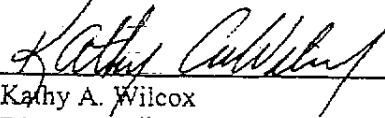
insurance within the state of Texas. This Certificate of Authority shall be in full force and effect until it is revoked, canceled or suspended according to law.

IN TESTIMONY WHEREOF, witness my hand and seal of
office at Austin, Texas, this

2nd day of April A.D. 1999

JOSE MONTEMAYOR
COMMISSIONER OF INSURANCE

BY


Kathy A. Wilcox
Director
Insurer Services