# 816091

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Special instructions to Filing Officer.			





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AUG 2 5 2014

C. CARROTHERS

### **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT:	o Transamerica Premier Life Insurance Company (effective July 31, 2014)			
Name o	of Corporation			
DOCUMENT NUMBER: 816091				
The enclosed Amendment and fee are submi	tted for filing.			
Please return all correspondence concerning	this matter to the following:			
Lu Ann Roby  Name of Contact Person				
Transamerica Premier Life Insurance	ce Company			
Firm/Company	<del></del>			
4333 Edgewood Road N	IE			
Address				
Cedar Rapids, IA 52499				
City/State and Zip Code				
LuAnn.Roby@transamerica.com				
E-mail address: (to be used for future annu				
For further information concerning this matt	er, please call:			
Lu Ann Roby	319 \355-8582			
Name of Contact Person	at (319 ) 355-8582 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amoun	t:			
\$35.00 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:	Street Address:			
Amendment Section	Amendment Section			
Division of Corporations P.O. Box 6327	Division of Corporations			
Tallahassee EL 32314	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.)

14 AUG 18 AM 11:21

**Assistant Secretary** 

(Title of person signing)

		ΓΙΟΝ Ι E COMPLETED)	SECRETARY OF LIACE LEVEL MASSEE, FERMIDA
	816091		_
	(Document number of	f corporation (if known	
Monumental Life Insur	ance Company		
··	ne of corporation as it appears on	the records of the Dep	partment of State)
·	,	·	
<sub>2.</sub> lowa		3. <u>3/21/196</u>	62 Ithorized to do business in Florida)
(Incorporated	l under laws of)	(Date au	thorized to do business in Florida)
	SECT (4-7 COMPLETE ONLY TE	ΓΙΟΝ II HE APPLICABLE CH	IANGES)
its jurisdiction of incorpora	tion? July 31, 2014  Life Insurance Comp	any	nge effected under the laws of
appropriate abbreviation,	f not contained in new nam	ne of the corporation	
(If new name is unavailable business in Florida)	in Florida, enter alternate c	orporate name ado	pted for the purpose of transacting
6. If the amendment changes t	he period of duration, indic	cate new period of o	duration.
	No change		
	(New	duration)	
7. If the amendment changes to	he jurisdiction of incorpora	ation, indicate new	jurisdiction.
	No change		
	` <b>J</b>	urisdiction)	
8. Attached is a certificate or 90 days prior to delivery of having custody of corporate	document of similar import the application to the Depa records in the jurisdiction	, evidencing the am irtment of State, by under the laws of v	nendment, authenticated not more than the Secretary of State or other official 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)

(Typed or printed name of person signing)

Barbara L. Secor

# 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)

(1-3 MUS	ST BE COMPLETED)
816091	
(Document num	ber of corporation (if known)
Monumental Life Insurance Company	
·	ars on the records of the Department of State)
o lowa	3 3/21/1962
(Incorporated under laws of)	3. 3/21/1962 (Date authorized to do business in Florida)
	ECTION II LY THE APPLICABLE CHANGES)
4. If the amendment changes the name of the corpora its jurisdiction of incorporation? July 31, 2014	ation, when was the change effected under the laws of
5. Transamerica Premier Life Insurance Co (Name of corporation after the amendment, adding appropriate abbreviation, if not contained in new	g suffix "corporation," "company," or "incorporated," or
(If new name is unavailable in Florida, enter altern business in Florida)	ate corporate name adopted for the purpose of transacting
6. If the amendment changes the period of duration,	indicate new period of duration.
No change	(New duration)
7. If the amendment changes the jurisdiction of inco	rporation, indicate new jurisdiction.
No change	
· ·	New jurisdiction)
<ol> <li>Attached is a certificate or document of similar in 90 days prior to delivery of the application to the having custody of corporate records in the jurisdic</li> </ol>	pport, evidencing the amendment, authenticated not more than Department of State, by the Secretary of State or other official ction under the laws of which it is incorporated.
Darban L Decon	
(Signature of a director, president or other officer - of a receiver or other court appointed fiduciary, by	
Barbara I Secor	Assistant Secretary

(Title of person signing)

(Typed or printed name of person signing)

#### COMMISSIONER CERTIFICATE OF APPROVAL

Pursuant to the relevant provisions of the Iowa Code, the undersigned approves the Articles of Amendment to the Restated Articles of Incorporation and Articles of Redomestication of Monumental Life Insurance Company. (Effective July 31, 2014)

NICK GERHART
Iowa Insurance Commissioner

JAMES N. ARMSTRONG

Deputy Insurance Commissioner

Date: 6/6/14

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P.O. Ber 1447
4333 Edgueso Roco A.E.

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