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REPLY TO: TALLAHASSEE

April 9, 1998

ELIZABETH W. MCARTHUR TRAVIS L. MILLER MIGUEL A. OLIVELLA, JR. BRUCE D. PLATT JOHN RADEY GARY P. TIMIN J. LARRY WILLIAMS DAVID A. YON PAUL A. ZEIGLER

> OF COUNSEL! GORDON D. CHERR MICHAEL E. INGRAM. ... EDWARD S. JAFFRY PATRICK F. MARONEY

GOVERNMENTAL CONSULTANTS: PAT GRIFFITH O'CONNELL* E. CLINT SMAWLEY* GERALD C, WESTER* ("NOT A MEMBER OF FLORIDA SAR)

EXECUTIVE DIRECTOR J. ANDREW KELLER, III, C.P.A.

Division of Corporations Amendment Section Florida Department of State 409 East Gaines Street Tallahassee, Florida 32399

RE:

Massachusetts General Life Insurance Company

Document No. 818938

Dear Division of Corporations:

800002484268 -04/03/38--01082 *****96.25 *****96.25

I have enclosed for filing an original and a copy of an application for amendment for Massachusetts General Life Insurance Company.

Please file the application, certify one copy, and provide a certificate of good standing. Our messenger will pick up the certified copy and certificate of good standing tomorrow afternoon.

I have enclosed a check in the amount of \$96.25 for the filing and certification fees.

Please call me if you have any questions. Thank you for your prompt assistance in this matter.

Very truly yours,

Jessica J. Ferreri

Assistant to Paul A. Zeigler

Enclosures



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 10, 1998

KATZ, KUTTER, HAIGLER, ET AL. ATTN: JESSICA J. FERRERI P.O. BOX 1877 TALLAHASSEE, FL 32302

SUBJECT: MASSACHUSETTS GENERAL LIFE INSURANCE COMPANY

Ref. Number: 818938

We have received your document for MASSACHUSETTS GENERAL LIFE INSURANCE COMPANY and your check(s) totaling \$96.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The records of this office show that the above named entity is a Massachusetts corporation. If this corporation changed its jurisdiction from Massachusetts to Indiana, you must file an application for amendment with this office reflecting this change. We will require certification from Indiana stating that the corporation changed its jurisdiction from Massachusetts to Indiana, the certification must include the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6957.

Letter Number: 198A00019100

Joy Moon-French Corporate Specialist

F 1766

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 COMP | | | SECRET | 38 APR | |
|----|---|-------------------|-------------------|-----------------|--------|----------|
| 1. | Massachusetts General Life Insuance Company | | | SSA | 2 | |
| | Name of corporation as it appears on the record | ds of the Departr | nent of State. | Ho | PK | |
| 2. | | . August 5 | | F ST | 2: | |
| | Incorporated under laws of | Date authorize | ed to do busines: | s in Florid | Ť | |
| | SECTION II | [| | | | |
| | (4-7 COMPLETE ONLY THE APPL | | ANGES) | | | |
| 4. | . If the amendment changes the name of the corporation, when v its jurisdiction of incorporation? November 24, 1997 | vas the change | e effected und | ler the laws o | ıf | |
| 5. | Conseco Life Insurance Company | | | | | |
| ٠. | Name of corporation after the amendment, adding suffix "corporation contained in new name of the corporation. The name cannot contain | | | | | , if not |
| 6. | . If the amendment changes the period of duration, indicate new | period of du | ation. | | | |
| | Not Applicab | le | | _ | | |
| | New Duration | | | | | |
| 7. | . If the amendment changes the jurisdiction of incorporation, inc | dicate new jur | isdiction. | | | |
| | Not Applicab | le | | | | |
| | New Jurisdiction | | | _ | | |
| | Mula Hollifoner Signature | | April 7 | 7, 1998 Date | | |
| | Michael A. Colliflower | | Assista | ınt Secretar | v | |

Typed or printed name

Title

INSURANCE DEPARTMENT

STATE OF INDIANA

office of the -

COMMISSIONER OF INSURANCE

| Indianapolis, Indiana, January 14 , 1998 |
|---|
| I, Sally McCarty , Commissioner of Insurance of the State |
| of Indiana, do hereby certify that I have caused to have compared |
| the annexed copy ofthe Articles of Amendment |
| to the Articles of Incorporation |
| of the Massachusetts General Life Insurance Company |
| n/k/a CONSECO LIFE INSURANCE COMPANY |
| of Carmel, Indiana |
| approved November 24, 1997 |
| with the original of on file at this Department and find the same |
| to be a correct transcript of the whole of said original. |

In witness whereof I have hereunto set my hand and affixed my official seal the day and year first above written.

Sall M'Carty
Commissioner of Insurance

ARTICLES OF AMENDMENT

DEPARTMENT OF INSURANCE

TO THE

ARTICLES OF INCORPORATION

NOV 2 4 1997 STATE OF INDIANA INSURANCE COMMISSIONER

OF

MASSACHUSETTS GENERAL LIFE INSURANCE COMPANY

Pursuant to the provisions of the Indiana Business Corporation Law and Indiana Insurance Law, the undersigned corporation adopts the following Articles of Amendment to its Articles of Incorporation:

The name of the corporation is MASSACHUSETTS GENERAL FIRST: LIFE INSURANCE COMPANY.

The corporation's Articles of Incorporation (the "Articles of Incorporation") was filed with the Indiana Department of Insurance on or about June 17, 1997.

Existing Article I of the corporation's Articles of Incorporation is amended to change the name of the corporation, and as amended shall read, in its entirety, as follows:

u

ARTICLE I

RECEIVER ORPORATIONS 25 The name of the company shall be CONSECO LIFE INSURANCE COMPANY.

The Articles of Amendment to the Articles of Incorporation was adopted by the Board of Directors of the corporation and approved at a special meeting of shareholders by the sole shareholder of the corporation entitled to vote thereon on and as of November 6, 1997. The Articles of Incorporation of the corporation and all amendments thereto that are in effect to date are amended by this Articles of Amendment to these Articles of Incorporation.

FIFTH: Except as amended hereby the provisions of the Articles of Incorporation shall remain in full force and effect.

IN WITNESS WHEREOF, this Articles of Amendment to the Articles of Incorporation has been executed, attested and verified on behalf of the corporation by the President or a Vice President and the Secretary or an Assistant Secretary of the corporation thereunto duly authorized on this 6th day of November, 1997.

| #PF | . Massacht | USETTS GENERAL LIFE INSURANCE COMPANI |
|---------------------|------------------------------|---|
| | By: | hold - |
| | Name: | Donald F. Gongaware |
| | Title: | President |
| | _ | |
| | Attested | d: |
| | By: /1/2 | icla Mellow) |
| | Name: | Michael A. Colliflower |
| | Title:_ | Senior Vice President, Legal & Secretary |
| | | |
| STATE OF INDIANA |) | · |
| COUNTY OF HAMILTON |) | • |
| appeared Amail for | م <i>الإكتوام والأ</i> راء . | ember, 1997, before me personally to me known and known to me to be the who executed the foregoing d to me that he executed the same. |
| | | 1/1/2 - J/L |
| (Seal) | | Notary Public |
| My Commission Expir | es: | |
| 4/4/2000 | | |
| <u> </u> | | |
| STATE OF INDIANA | } | |
| COUNTY OF HAMILTON | Ś | |
| appeared Minhael A | <u>1. (7///4/0</u> | ember, 1997, before me personally owed, to me known and known to me to in and who executed the foregoing d to me that he executed the same. |
| | | Notary Public |
| (Seal) | | Notary Public |
| My Commission Expir | es: | |
| A/4/2000 | | · · · · · · · · · · · · · · · · · · · |
| - | | |

CERTIFICATE OF COMPLIANCE

DEPARTMENT OF INSURANCE

STATE OF INDIANA

OFFICE OF INSURANCE COMMISSIONER

| March 19, 1998 Indianapolis, Indiana | | | | | | |
|---|--|--|--|--|--|--|
| I,Sally_McCarty, Insurance Commissioner of the State of | | | | | | |
| Indiana, do hereby certify that the CONSECO LIFE INSURANCE COMPANY | | | | | | |
| of Carmel, Indiana | | | | | | |
| has complied with all the requirements of the laws of this State applicable to said Company and is authorized to transact its appropriate | | | | | | |
| business of Stock Life | | | | | | |
| Class I (A)(B) | | | | | | |
| | | | | | | |
| insurance in this State, in accordance with the laws thereof. | | | | | | |
| IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of my office at Indianapolis, Indiana, the day and year written above. Insurance Commissioner | | | | | | |