# 818938

(Re	equestor's Name)					
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificate	s of Status				
Special Instructions to Filing Officer:						
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SEGRETARY OF STARE DIVISION OF CORPUSATION

CLEWIS

#### **COVER LETTER**

TO:	Amendment Section Division of Corporations				
SUBJ	ECT:  Conseco Life Insurance Company  Name of C	'ornora	ion		
		orporu			
DOC	UMENT NUMBER: 818938				<del> </del>
The er	nclosed Amendment and fee are submitted	d for fi	ling.		
Please	e return all correspondence concerning thi	s matte	er to the followi	ng:	
Donna	Tomlinson				
	Name of Contact Person		<del></del>		
Texas	Life Insurance Company				
	Firm/Company		_ <del></del>		
P. O. E	3ox 830				
	Address				
Waco,	TX 76703				
	City/State and Zip Code		<del></del>		
devans	s@wiltonre.com				
Ē	-mail address: (to be used for future annual r	eport n	otification)		
For fu	orther information concerning this matter,	please	call:		
Donna	Tomlinson	254	745-6303		
<del></del>	Name of Contact Person	Агеа	Code & Daytime	Teleph	one Number
Enclo	sed is a check for the following amount:				
	\$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:
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations 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.)

### SECTION I

(1-3 MOST RE COMPLETED)			
818938	2		
(Document number	of corporation (if known)  on the records of the Department of State)		
1. Conseco Life Insurance Company	22		
(Name of corporation as it appears	on the records of the Department of State)		
2. Indiana	3. 08/05/1965  (Date authorized to do business in Florida)		
(Incorporated under laws of)	(Date authorized to do business in Florida)		
SEC (4-7 COMPLETE ONLY	CTION II THE APPLICABLE CHANGES)		
4. If the amendment changes the name of the corporation	on, when was the change effected under the laws of		
its jurisdiction of incorporation? June 25, 2015			
5. Wilco Life Insurance Company			
(Name of corporation after the amendment, adding su appropriate abbreviation, if not contained in new na	affix "corporation," "company," or "incorporated," or me of the corporation)		
N/A			
(If new name is unavailable in Florida, enter alternate business in Florida)	corporate name adopted for the purpose of transacting		
6. If the amendment changes the period of duration, ind	icate new period of duration.		
N/A			
(New	w duration)		
7. If the amendment changes the jurisdiction of incorpo	ration, indicate new jurisdiction.		
N/A			
•	jurisdiction)		
8. Attached is a certificate or document of similar impo 90 days prior to delivery of the application to the Dephaving custody of corporate records in the jurisdictio	rt, evidencing the amendment, authenticated not more than partment of State, by the Secretary of State or other official n under the laws of which it is incorporated.		
(Signature of a director, pres of a receiver or other court a	ident or other officer - if in the hands appointed fiduciary, by that fiduciary)		
Mark R. Sarlitto	SVP, General Counsel & Sec.		
(Typed or printed name of person signing)	(Title of person signing)		

## STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF FACT

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the state of Indiana, the custodian of corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

#### WILCO LIFE INSURANCE COMPANY

filed Articles of Amendment on June 25, 2015 changing their name from Conseco Life Insurance Company to Wilco Life Insurance Company.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the state of Indiana, at the City of Indianapolis, this Wednesday, September 23, 2015

Corrie Lamon

CONNIE LAWSON, Secretary of State

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