# 819653



Hartford Life

Chad A. McDaniel Corporate Paralegal

Law Department
Direct Dial: (860) 843-4067
Fax: (860) 843-8665

Internet: chad.mcdaniel@hartfordlife.com

December 30, 1999

#### **VIA EXPRESS MAIL**

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Alpine Life Insurance Company -- NAIC #: 60348

Dear Sir or Madam:

Please be advised that Alpine Life Insurance Company, a licensed foreign insurance corporation in the State of Florida, has changed its name effective December 22, 1999 to Hart Life Insurance Company. Pursuant to the Florida Department of Insurance's instructions, we enclose the following documents in order to amend our Certificate of Authority to reflect the new name:

- 1. Application by Foreign Profit Corporation to File Amendment to Application for Authorization to Transact Business in Florida (the "Application");
- 2. Certified Copy of the Certificate of Amendment filed with the Connecticut Secretary of State on December 22, 1999; and
- 3. Check number 16114861 for \$43.75, made payable to Florida Department of State, representing fees for (i) filing the Application (\$35), and (ii) Certificate of Status (\$8.75).

Hartford Life, Inc. Law Department (B-1-E) 200 Hopmeadow Street Simsbury, CT 06089

**400003093594--0** -ni/10/00--01109--011

\*\*\*\*\*43.75 \*\*\*\*\*43.75

DO JAN 10 PM 2: 4:
SECRETARY OF SU
TALLAHASSEE, FLO

December 30, 1999 Page 2

Please forward the Certificate of Status reflecting the new name to my attention in the self-addressed stamp envelope provided herewith. Should you have any questions regarding this matter, please feel free to contact me directly at (860) 843-4067. Thank you for your assistance with this matter.

Very truly yours,

Chad Å. McDaniel

**Enclosures** 

#### **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. ALPINE LIFE INSURANCE COMPANY	Fig. 7
Name of corporation as it appears on the re-	cords of the Department of State.
2. CONNECTICUT	3. JUNE 23, 1966
Incorporated under laws of	Date authorized to do business in Florida
SECTION (4-7 complete only the ap	II PLICABLE CHANGES)
4. If the amendment changes the name of the corporation, when	n was the change effected under the laws of
its jurisdiction of incorporation? DECEMBER 22, 1999	
<ul> <li>5. HART LIFE INSURANCE COMPANY         Name of corporation after the amendment, adding suffix "corporation" on the contained in new name of the corporation.     </li> <li>6. If the amendment changes the period of duration, indicate new name of the corporation.</li> </ul>	
N/A New Duratio	on
7. If the amendment changes the jurisdiction of incorporation,	indicate new jurisdiction.
N/A New Jurisdict	ion
Signature	December 30, 1999 Date
THOMAS A. KLEE	ASSISTANT CORPORATE SECRETARY
Typed or printed name	Title

#### CERTIFICATE OF AMENDMENT

#### STOCK CORPORATION

Office of the Secretary of the State

30 Trinity Street / P.O. Box 150470 / Hartford, CT 06115-0470 /new/1-97

. NAME OF CORPORATION:			<u>-</u>		
Alpine Life Insurance Company					
2. THE CERTIFICATE OF INCORPORATION 1	IS (check A., B.	or C.):	,		
2. THE CERTIFICATE OF INCORPORATION 1	IS (check A., B.	or C.):	,		
x A. AMENDED.	IS (check A., B.	or C.):		-	-
·	IS (check A., B.	or C.):			-

The Amended and Restated Certificate of Incorporation is amended by the following resolution recommended by the Board of Directors on December 14, 1999 and adopted by the Sole Shareholder on December 14, 1999:

**RESOLVED**, that the Amended and Restated Certificate of Incorporation of the Company be amended by changing the name of the Company in each place that such name therein appears, such that the new name of the Company shall be

#### Hart Life Insurance Company

such change to become effective as soon as is practicable. All other sections of the Amended and Restated Certificate of Incorporation shall remain unchanged and continue in full force and effect.

(Please reference an 8 1/2 X 11 attachment if additional space is needed)

	Chit	4 PG 02 OF 05 VOL B-00308 2/1999 10:05 AM PAGE 02980 RETARY OF THE STATE SECRETARY OF THE STATE	
4. VOTE INFORMATION (check A	A., B. or C.)		
$_{\rm X}$ A. The resolution was appro	ved by shareholders as follows:		
(set forth all voting information requ	ired by Conn. Gen. Stat. section 33-800 as an	nended in the space provided below)	
The number of outstanding vote thereon was 10,000. sufficient for approval of the	g shares of the Corporation's common The vote favoring adoption was 10, ne resolution.	capital stock entitled to 000 shares, which was	
		•	
,			
		A. H. J. T. March March	
B. The amendment was adopted by the board of directors without shareholder action. No shareholder vote was required for adoption.			
_	oted by the incorporators without sha	areholder action. No	
	5. EXECUTION		
	J. EMECUTION	-	
Dated this_	14th day of December , 1	999	
Thomas A. Klee	Assistant Corporate Secret	arx West (le	
Print or type name of signatory	Capacity of signatory	Signature	

#### ALPINE LIFE INSURANCE COMPANY

#### UNANIMOUS WRITTEN CONSENT OF THE SOLE SHAREHOLDER

Hartford Life and Accident Insurance Company, being the sole shareholder of Alpine Life Insurance Company, (the "Company") hereby consents in accordance with Section 33-698 of the Connecticut Business Corporation Act, through the undersigned officer, to the following resolutions, such action to have the same force and effect as if taken at a meeting of the Shareholders of the Company duly called and held for such purpose:

#### CHANGE OF CORPORATE NAME

WHEREAS, the undersigned sole shareholder deems it in the best interest of the Company to change the Company's name by amending the Amended and Restated Certificate of Incorporation; and

WHEREAS, the Board of Directors of the Company has adopted resolutions recommending such amendment;

#### NOW, THEREFORE, BE IT

RESOLVED, that the Amended and Restated Certificate of Incorporation of the Company be amended by changing the name of the Company in each place that such name therein appears, such that the new name of the Company shall be

#### Hart Life Insurance Company

such change to become effective as soon as is practicable. All other sections of the Amended and Restated Certificate of Incorporation shall remain unchanged and continue in full force and effect; and be it further

RESOLVED, that the Board of Directors and officers of the Company are, and each of the officers acting singly is, authorized and directed to prepare and file the Certificate of Amendment and to do all acts and things and to sign, seal, execute, acknowledge, certify, file, deliver and record all papers, instruments, documents, agreements and certificates, and to pay all charges, fees, taxes and other expenses, as they or any of them may determine from time to time to be necessary or appropriate in order to effectuate the purposes of the foregoing resolution in each jurisdiction in which the Company is authorized, qualified or licensed to do business.

#### FILING #0002055684 PG 04 OF 05 VOL B-00308 FILED 12/22/1999 10:05 AM PAGE 02982 SECRETARY OF THE STATE CONNECTICUT SECRETARY OF THE STATE

IN WITNESS WHEREOF, the undersigned has executed this Consent as of the 14<sup>th</sup> day of December, 1999, the effective date of this action.

HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY

By:

Name: Lowndes A. Smith

Title: President and Chief Executive Officer

S:\LM04235\LLM0426.DOC



### **State of Connecticut**

Insurance Department

FILING #0002055684 PG 05 OF 05 VOL 8-00308 FILED 12/22/1999 10:05 AM PAGE 02983 SECRETARY OF THE STATE CONNECTICUT SECRETARY OF THE STATE

This is to Certify, that the Certificate of Amendment to the Certificate of Incorporation of Alpine Life Insurance Company, with respect to the change of name to Hart Life Insurance Company, has been reviewed and approved.

Witness my hand and official seal, at HARTFORD,

this 21st day of December, 1999

Insurance Commissioner

STATE OF CONNECTICUT
OFFICE OF THE SECRETARY OF THE STATE } SS. HARTFORD

I hereby certify that this is a true copy of record in this Office

In Testimony whereof, I have hereunto set my hand, and affixed the Seal of said State, at Hartford, this \_\_\_\_\_\_ day of 1 bcentury. A.D. 1999

SECRETARY OF THE STATE

Kinc