

June 10, 1997

200002223002--1 -06/25/97--01094--022 ****148.75 *****35.00

SENT VIA UPS OVER NIGHT DEL

Ms. Susan Payne, Administrator Amendment Section Division of Corporations 409 East Gaines St. Tallahassee, FL 32399

Re: Application by Foreign Corporation to File Amendment to Application for Authorization to Transact Business in Florida

Dear Ms. Payne:

Thank you for taking the time to discuss amendments to our Company name over the telephone yesterday. Enclosed for your consideration are four applications to bring the Corporation up to date and current with the Florida Division of Corporations. The amendments to the corporate name and/or jurisdiction of the corporation are shown below:

- 1. Federated Investors Life Insurance Company, a Nebraska corporation changed its name to American Combined Life Insurance Company on 4-21-92.
- American Combined Life Insurance Company, a Nebraska corporation, changed its name to Combined American Life Insurance Company and changed its jurisdiction of incorporation from Nebraska to Illinois on 8-1-95.
- 3. Combined American Life Insurance Company, an Illinois corporation, changed its name to American Combined Life Insurance Company on 11-27-95.
- American Combined Life Insurance Company, an Illinois corporation, changed its name to Resource Life Insurance Company on 10-9-96.

For your information, the Illinois Secretary of State does not register life insurance companies. The registration of life insurance companies is handled in Illinois by the Department of Insurance.

Also enclosed is our check in the amount of \$148.75 to cover the required filing fees and to provide us with a Certificate of Status for the last amendment (American Combined Life Insurance Company name change to Resource Life Insurance Company). The Bureau of Collateral Securities has requested after Original Certificate from the Florida Secretary of State certifying our name has been officially changed.

Should you have any questions, or need additional information, please let me know. Please send the requested document to my attention at the below listed address.

Sincerely,

Joe R. Elms

Manager, Government Relations

Enclosures

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OVERPAYMENT

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

CONTRACTOR OF THE PARTY OF THE

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

| Federated Investors Life In | |
|---|--|
| Name of corporation as it ap | ppears on the records of the Department of State. |
| Nebraska | 3. October 29, 1958 |
| incorporated under laws of | Date authorized to do business in Florida |
| (4-7 COMPLETE C | SECTION II ONLY THE APPLICABLE CHANGES) |
| If the amendment changes the name of the corp | oration, when was the change effected under the laws of |
| its jurisdiction of incorporation? April 21 | |
| American Combined Life Insurance Com | pany |
| Name of corporation after the amendment, adding suffix " contained in new name of the corporation. | corporation" "company" or "incorporated," or appropriate abbreviation, i |
| and the distriction. | or appropriate and appropriate |
| and so gradient. | n, indicate new period of duration. |
| If the amendment changes the period of duration | n, indicate new period of duration. |
| f the amendment changes the period of duration | n, indicate new period of duration. |
| f the amendment changes the period of duration | n, indicate new period of duration. |
| f the amendment changes the period of duration | New Duration New Duration New Jurisdiction. New Jurisdiction New Jurisdiction |
| f the amendment changes the period of duration | n, indicate new period of duration. |
| If the amendment changes the period of duration If the amendment changes the jurisdiction of inc | New Duration Torporation, indicate new jurisdiction. New Jurisdiction June 9, 1997 |

STATE OF



NEBRASKA

CONTRACTOR CONTRACTOR

United States of America, State of Nebraska

SS.

Department of State Lincoln, Nebraska

I, Scott Moore, Secretary of State of the State of Nebraska do hereby certify;

FEDERATED INVESTORS LIFE INSURANCE COMPANY

with registered office located in Lincoln, Nebraska, filed Articles of Amendment to the Articles of Incorporation changing the corporate name to

AMERICAN COMBINED LIFE INSURANCE COMPANY

as filed and recorded in this office on April 21, 1992.

In Testimony Whereof,



I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on June 4 in the year of our Lord, one thousand nine hundred and ninety-seven.

SECRETARY OF STATE

June 10, 1997

01094--022 ****148.75 ****35.00 SENT VIA UPS OVER NIGHT DELIVERY

Ms. Susan Payne, Administrator **Amendment Section Division of Corporations** 409 East Gaines St. Tallahassee, FL 32399

Re: Application by Foreign Corporation to File Amendment to Application for Authorization to Transaction Business in Florida

Dear Ms. Payne:

Thank you for taking the time to discuss amendments to our Company name over the telephone yesterday. Enclosed for your consideration are four applications to bring the Corporation up to date and current with the Florida Division of Corporations. The amendments to the corporate name and/or Jurisdiction of the corporation are shown below:

- 1. Federated Investors Life Insurance Company, a Nebraska corporation changed its name to American Combined Life Insurance Company on 4-21-92.
- 2. American Combined Life Insurance Company, a Nebraska corporation, changed its name to Combined American Life Insurance Company and changed its jurisdiction of incorporation from Nebraska to Illinois on 8-1-95.
- 3. Combined American Life Insurance Company, an Illinois corporation, changed its name to American Combined Life Insurance Company on 11-27-95.
- 4. American Combined Life Insurance Company, an Illinois corporation, changed its name to Resource Life Insurance Company on 10-9-96.

For your information, the Illinois Secretary of State does not register life insurance companies. The registration of life insurance companies is handled in Illinois by the Department of Insurance.

Also enclosed is our check in the amount of \$148.75 to cover the required filing fees and to provide us with a Certificate of Status for the last amendment (American Combined Life Insurance Company name change to Resource Life Insurance Company). The Bureau of Collateral Securities has requested an Original Certificate from the Florida Secretary of State certifying our name has been officially changed.

Should you have any questions, or need additional information, please let me know. Please send the

| requested document to my attention at the below | listed address,_ | | |
|---|------------------|------------|---------|
| Sincerely, WUTE "Life" | onited | | |
| FILINO JOER Elms Cert. | / NIC | A men | Juris |
| R. AGENT Manager, Government Relations | 50 | LIMER | diction |
| CUSEnclosures | | | |
| TOTAL 35 Change | | -15 dictio | . +. |
| | | | |

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)

| Name of corporation as it appears | on the records of the Department of State. |
|--|---|
| 2Nebraska | 3. October 29, 1968 |
| Incorporated under laws of | Date authorized to do business in Florida |
| SE (4-7 COMPLETE ONLY | CTION II THE APPLICABLE CHANGES) |
| 4. If the amendment changes the name of the corporation | |
| its jurisdiction of incorporation? August 1, 199 | 95 |
| Combined American Life Insurance Company Name of corporation after the amendment, adding suffix "corporationed in new name of the corporation. | y oration" "company" or "incorporated," or appropriate abbreviation, if |
| 6. If the amendment changes the period of duration, inc | Q. |
| Ne | w Duration |
| If the amendment changes the jurisdiction of incorpo | pration, indicate new jurisdiction. |
| Illir | nois ':3 Topic |
| New | Jurisdiction |
| Sta Sta | June 9, 1997 |
| Signature | Date |
| L. Keller Smith | President & CEO |
| Typed or printed name | Title |



DEPARTMENT OF INSURANCE STATE OF ILLINOIS

I, the undersigned, Director of Insurance of the State of Illinois, hereby certify that the document to which this Certification is attached is a true and correct copy of the original now on flie in and forming a part of the records of the Department of Insurance.

In witness whereof, I hereto set my hand and cause to be affixed the Seal of my office in Springfield, plinois,

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1,446-0135 (7,95)



located at _______CHICAGO _____, in the State of ILLINOIS has complied with all the requirements of the "ILLINOIS INSURANCE CODE" applicable to said Company: NOW, THEREFORE, I, the undersigned, Director of Insurance of the State of Illinois, do hereby authorize the said Company to transact its appropriate business as set forth under Clause(s) ____(a) and (b) of Class 1 of Section 4 of the "ILLINOIS INSURANCE CODE" in this State, in accordance with the laws thereof, to be effective August 1, 1995.



| In | Testin | mony | Where | of, |
|--------|--------|------------------|------------------------|------------|
| | | | be affixed the Seal of | my office. |
| day of | At | GU ST | | 9 95 |

MARK BOOZELL, Director of Insurance

By: Amold Mattaland

06/11/97 14:09

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ID:ADN AUTOMOTIVE GROUP

FAX:214-879-1074

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GOV'I, REL. DEP.T.

NEBRASKA DEPARTMENT

AUG 01 1995

BEFORE THE DEPARTMENT OF INSURANCE STATE OF NEBRASKA

FILED

N THE MATTER OF THE EDOMESTICATION OF AMERICAN COMBINED LIFE INSURANCE COMPANY FROM NEBRASKA TO ILLINOIS

REDOMESTICATION ORDER

CAUSE NO. C-910

American Combined Life Insurance Company ("ACLIC") which is a Nebraska domestic life insurance company has applied to the Director of Insurance in the State of Nebraska for approval to redomesticate from Nebraska to Illinois and to simultaneously change its name to Combined American insurance Company. After reviewing the filings, correspondence and all other pertinent information provirties to the Nebraska Department of Insurance, the Director hereby, approves the application and inds, concludes and orders as follows:

FINDINGS OF FACT

1. On May 15, 1995, American Combined Life Insurance Company filed an application to redomesticate from Nebraska to Illinois pursuant to Neb.Rev.Stat. §44-161-§44-164 (redomestication provisions) and the provisions of the Nebraska Business Corporations Act. Concurrent with the change of domicile American Combined Life Insurance Company will change its name to Combined American Insurance Company.

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- 2. American Combined Life Insurance Company is a Nebraska life insurer which was britishly licensed by the State of Nebraska in November of 1963. The Combined Insurance Company of America is the ultimate parent of American Combined Life Insurance Company.
- American Combined Life Insurance Company has filed a Plan of Recionastication with the Department and the Illinois Department of Insurance in support of this application. Under this Plan, the transfer of American Combined Life Insurance Company's domicile from Nebraska to Illinois effective on August 1, 1995. Under the Plan simultaneous with redomestication, American Combined Life Insurance Company is to become a foreign insurer admitted to transact the business of insurance in Nebraska with the name "Combined American Insurance Company". American Combined Life Insurance Company will continue to be a foreign insurer in all the states in which it is authorized to transact business. The application and plan are subject to approval of the Director and the Illinois Department of Insurance.
- 4. The Board of Directors of American Combined Life Insurance Company have approved this action and this application and have caused American Combined Life Insurance Company to file restated articles of incorporation and restated by-laws for American Combined Life Insurance Company to effect a transfer of American Combined Life Insurance Company's domicile to Itlinois and to effect the name change.
- 5. American Combined Life Insurance Company has submitted all documents, information, and filings as required by Nebraska law and the Department including the application for approval, proposed restated by-laws and the notice of change of domicile that will be sent to all american Combined Life Insurance Company's policyholders.

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CONCLUSIONS OF LAW

- 1. The Department of Insurance has jurisdiction over the subject matter and the parties of this transaction; and
- 2. The approval of the application will not in any manner impair the rights, remedies, or socurities of the creditors and will not render American Combined Life Insurance Companies operations bazardous to the public or its policybolders in any state. The interests of American Combined Life Insurance Company's policybolders are fully protected under the plan.
- 3. After the redomestication, American Combined Life Insurance Company will meet all the requirements for a certificate of authority as Nebraska foreign life insurer.

ORDER

- 1. IT IS THEREFORE ORDERED that the application of American Combined Life Insurance Company to transfer domicile from Nebraska to Illinois is approved and that the Nebraska Department of Insurance will issue American Combined Life Insurance Company a Certificate of authority to do business as a foreign insurer in the State of Nebraska subject to the following to conditions with the new name Combined American Insurance Company;
 - American Combined Life Insurance Company will provide the Department with a certified copy of the order and approval of the application by the Illinois Department of Insurance;
 - American Combined Life Insurance Company will submit final certified copies
 of the Restated Articles of Incorporation and Restated By-Laws as approved
 by the Department of Illinois;

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NO. 837 785

c. American Combined Life Insurance Company will submit a filing fee in the amount of \$120.00 pursuant to Nob.Rev.Stat. \$44-114.

Daied this 2 day of August, 1995.

STATE OF NEBRASKA DEPARTMENT OF INSURANCE

ROBERT G. LANGE
Director

CERTIFICATE OF SERVICE

Suran Kazelka



June 10, 1997

Ms. Susan Payne, Administrator Amendment Section Division of Corporations 409 East Gaines St. Tallahassee, FL 32399 SENT VIA UPS OVER NIGHT DELIVERY

700002223007--5 -06/25/97--01094--022

Re: Application by Foreign Corporation to File Amendment to Application for Authorization to Transact Business in Florida

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Should you have any questions, or need additional information, please let me know. Please send the requested document to my attention at the below listed address.

Sincerely,

Joe R. Elms

Manager, Government Relations G

Enclosures

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OVERPAYMENT

TOTAL 35

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PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

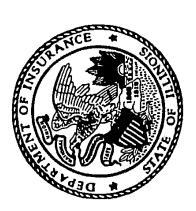
(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

| Combined American Life Insurance Company | |
|---|---|
| Name of corporation as it appears on the | e records of the Department of State. |
| Illinois | 3. |
| Incorporated under laws of | Date authorized to do business in Florida |
| SECTION (4-7 COMPLETE ONLY THE | ON II APPLICABLE CHANGES) |
| . If the amendment changes the name of the corporation, w | hen was the change effected under the laws of |
| its jurisdiction of incorporation? November 27, 19 | |
| . American Combined Life Insurance Company | |
| Name of corporation after the amendment, adding suffix "corporation contained in new name of the corporation. | |
| . If the amendment changes the period of duration, indicate | new period of duration. |
| New Dur. | ation |
| . If the amendment changes the jurisdiction of incorporation | |
| January of Mediporatio | ii, maicate new jurisdiction. |
| O New Juriso | liction |
| Stole Set | June 9, 1997 |
| Signature | Date |
| L. Keller Smith | President & CEO |
| Typed or printed name | Title |



STATE OF ILLINOIS DEPARTMENT OF INSURANCE



I, the undersigned, Director of Insurance of the State of Illinois, hereby certify that the document to which this Certification is attached is a true and correct copy of the original now on file in and forming a part of the records of the Department of Insurance.

In witness whereof, I hereto set my hand and cause to be affixed the Seal of my office in Springfield. Witness.

Date: JUN 0 6 1997

Mark Boozell, Director of Insurance

V Loda K. Ligerall

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1,446-0135 (7/95)



Withereas, the American combined life insurance company CHICAGO located at _____ _____, in the State of ILLINOIS has complied with all the requirements of the "ILLINOIS INSURANCE CODE" applicable to said Company: NOW, THEREFORE, I, the undersigned, Director of Insurance of the State of Illinois, do hereby authorize the said Company to transact its appropriate business as set forth under Clause(s) (a) and (b) of Class 1 of Section 4 of the "ILLINOIS INSURANCE CODE" in this State, in accordance with the laws thereof. In Testimony Whereof, I hereto set my hand and cause to be affixed the Seal of my office. Done at the City of Springfield, this _ Director of Insurance

RESOURCE LIFE INSURANCE COMPANY

822005

June 10, 1997

Ms. Susan Payne, Administrator Amendment Section Division of Corporations 409 East Gaines St. Tallahassee, FL 32399 SENT VIA UPS OVER NIGHT DELIVERY

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Sincerely,

Joe R. Elms FILING

Manager, Government RelationsT

Enclosures

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OVERPAYMENT

TOTAL

43.75

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 American Combined Life Insurance Compan | y Que |
|--|--|
| Name of corporation as it appears of | on the records of the Department of State. |
| 2Illinois | 3. |
| Incorporated under laws of | Date authorized to do business in Floriday |
| SEC (4-7 COMPLETE ONLY | TION II THE APPLICABLE CHANGES) |
| 4. If the amendment changes the name of the corporatio | |
| its jurisdiction of incorporation? October 9, | <u> 1996 </u> |
| 5. Resource Life Insurance Company | |
| Name of corporation after the amendment, adding suffix "corpor contained in new name of the corporation. | ation" "company" or "incorporated," or appropriate abbreviation, if no |
| 6. If the amendment changes the period of duration, indi | cate new period of duration. |
| New | Duration |
| 7. If the amendment changes the jurisdiction of incorpor | ation, indicate new jurisdiction. |
| New J | urisdiction |
| Sta Sille | June 9, 1997 |
| Signature | Date |
| L. Keller Smith | President & CEO |
| Typed or printed name | Title |



DEPARTMENT OF INSURANCE STATE OF ILLINOIS



I, the undersigned, Director of Insurance of the State of Illinois, hereby certify that the document to which this Certification is attached is a true and correct copy of the original now on file in and forming a part of the records of the Department of Insurance.

In witness whereof, I hereto set my hand and cause to be affixed the Seal of my office in Springfield, Illinois.

Date: JUN 0 6 1997

Mark Boozell, Director of Insurance

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Whereas, the RESOURCE LIFE INSURANCE COMPANY ROLLING MEADOWS located at ___ _____, in the State of ILLINOIS has complied with all the requirements of the "ILLINOIS INSURANCE CODE" applicable to said Company: NOW, THEREFORE, I, the undersigned, Director of Insurance of the State of Illinois, do hereby authorize the said Company to transact its appropriate business as set forth under Clause(s) _(a) and (b) of Class 1 of Section 4 of the "ILLINOIS INSURANCE CODE" in this State, in accordance with the laws thereof. In Testimony Whereof, I hereto set my hand and cause to be affixed the Seal of my office. Done at the City of Springfield, this __ 19_96 **OCTOBER** day of _ Mark Bop Director of Insurance

