Concord Heritage Life Insurance Company, Inc.

1776 American Heritage Life Drive, Jacksonville, FL 32224-6688, (904) 992-1776

A wholly owned subsidiary of American Heritage Life Insurance Company

April 15, 1999

Amended Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314

400002842734--8 -04/16/99--01096--012 *****43.75 ******43.75

Dear Sir/Madam:

Please find enclosed the following requirements for a foreign profit corporation qualified to do business in the State of Florida:

- 1. Check for filing fees and certified copy for \$43.75.
- 2. Completed application for amendment.
- 3. Original certificate from the State of Incorporation (New_Hampshire) reflecting amendment made effective November 13, 1998. (Please return in enclosed envelope.)
- 4. Copy of letter dated December 22, 1998 submitted to the Treasurer and Commissioner of the State of Florida notifying the State of the name change.
- 5. Copy of the Articles of Amendment to the Articles of Incorporation and certificate which was filed with the State of New Hampshire.
- 6. Self-addressed express mail envelope to my attention with American Heritage Life Insurance Company corporate stamp to return Concord's original certificate from the state of New Hampshire.

If you have any questions, please call me at (904) 992-2515.

Sincerely,

Deborah Dowling

Supervisor of Financial Reporting,

Deborah Howling

Enclosure

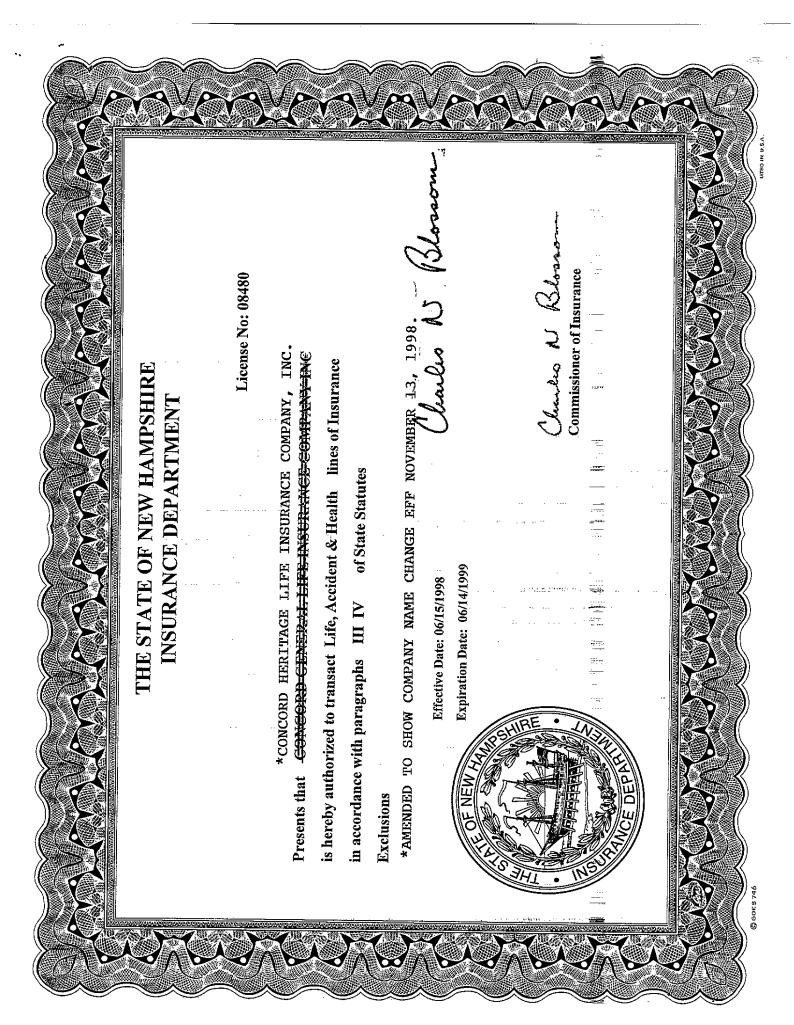
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PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

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

SECTION I (1-3 MUST BE COMPLETED)	- 4	TSE 9
	_	SEE LE
1. CONCORD GENERAL LIFE INSURANCE COMPANY, INC.	_	SSE O M
Name of corporation as it appears on the records of the Department of St	ate.	The To U
111		700
	_	پ چ
2. New Hampshire 3. August 18, 1970		20 m
Incorporated under laws of Date authorized to do	busin	ess in Florida
SECTION II		
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)		
4. If the amendment changes the name of the corporation, when was the change effected its jurisdiction of incorporation? November 13, 1998	d u <u>n</u> d	er the laws of
		* + v = 1
CONCORD HERTTAGE LIFE INSTRANCE COMPANY, INC.		
Name of corporation after the amendment, adding suffix "corporation" "company" or "incorporated," not contained in new name of the corporation.	or apr	ropriate abbreviation, if
not contained in new name of the corporation.		1
5. If the amendment changes the period of duration, indicate new period of duration.		-
	_	
New Duration		
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction		
• • • • • • • • • • • • • • • • • • • •		
New Jurisdiction	<u> </u>	·
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(1 (The last)		
April 13, 19	99_	
Signature Date	-	
Charles Richard Morehead Vice Chairman	·-·	
Typed or printed name Title		



Problems in

STATE OF NEW HAMPSHIRE

Filing Fee: \$35.00.

Form No. 14 RSA 293-A:10.06

ARTICLES OF AMENDMENT to the ARTICLES OF INCORPORATION

of CONCORD GENERAL LIFE INSURANCE COMPANY, INC.

PURSUANT TO THE PROVISIONS OF THE NEW HAMPSHIRE BUSINESS CORPORATION ACT, THE UNDERSIGNED CORPORATION ADOPTS THE FOLLOWING ARTICLES OF AMENDMENT TO ITS ARTICLES OF INCORPORATION

FIRST:

The name of the corporation is Concord General

Life Insurance Company, Inc.

SECOND:

The text of each amendment adopted is:

That Article I of the Articles of Incorporation (formerly Articles of Agreement) be amended by deleting the same and substitution in place thereof the following new Article.

The name of the Corporation is Concord Heritage Life Insurance Company, Inc.

THIRD:

If the amendment provides for an exchange reclassification or cancellation of issued shares the provisions for implementing the amendment(s) if not contained in the above amendment are:

N/A

FOURTH:

The amendment(s) were adopted on

<u>501 30</u> 1998.

FIFTH:

The number cast for the amendment(s) by each voting group was sufficient for approval by each voting group.

Dated Sent 30 1998

> CONCORD GENERAL LIFE INSURANCE COMPANY, INC.

Approved by:

Charles N. Blossom

Commissioner, State of New Hampshire

Insurance Department

Vice Chairman

NOV 13 1998

- LAM M. GARDNER THE YEAR PSHIRE SECRETARY OF STATE

State of New Hampshire Bepartment of State

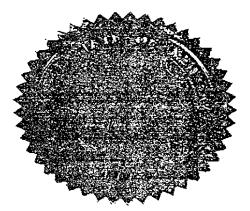
CERTIFICATE OF AMENDMENT

OF

CONCORD GENERAL LIFE INSURANCE COMPANY, INC.

The undersigned, as Deputy Secretary of State of the State of New Hampshire, hereby certifies that duplicate originals of the Articles of Amendment to the Articles of Incorporation of CONCORD GENERAL LIFE INSURANCE COMPANY, INC. changing name to CONCORD HERITAGE LIFE INSURANCE COMPANY, INC., duly signed pursuant to the provisions of the New Hampshire Business Corporation Act.

ACCORDINGLY the undersigned, as such Deputy Secretary of State, and by virtue of the authority vested in him by law, hereby issues this Certificate of Amendment to the Articles of Incorporation of CONCORD GENERAL LIFE INSURANCE COMPANY, INC. changing name to CONCORD HERITAGE LIFE INSURANCE COMPANY, INC. and attaches hereto a duplicate original of the Articles of Amendment to the Articles of Incorporation.



Form No. 13-1 RSA 293-A:10.06 IN TESTIMONY WHEREOF, Thereto set my hand and cause to be affixed the Seal of the State of New Hampshire, this 13th day of November A.D. 1998

Robert P. Ambrose Deputy Secretary of State



CONCORD_GENERAL LIFE INSURANCE COMPANY, INC.

RO, Box 2020, Concord, New Hampshire 03302-2020 (603) 224-7746 or (888) 699-2452

A WHOLLY OWNED SUBSIDIARY OF AMERICAN HERITAGE LIFE.

December 22, 1998 Mr. Bill Nelson Treasurer of the State of Florida Department of Insurance 200 East Gaines Street Tallahassee, FL 32399-0328 NAME CHANGE OF CONCORD GENERAL LIFE RE: INSURANCE COMPANY, INC., #NAIC 62251 Dear Treasurer Nelson, Please let this serve as notice that Concord General Life Insurance Company, Inc. has changed its name to: Concord Heritage Life Insurance Company, Inc. Although this change was "officially approved" by New Hampshire, the Company's domiciliary state on November 13, 1998 we just received notification last week. The company intends to begin using this name in all correspondence, policies, applications and solicitation materials. This is the only change that has been made to the forms approved by your department. If you require any additional information, please contact the undersigned. Sincerely, John S. Leiby, FLMI, AALU Vice President-Underwriting