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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Commercial Travelers Mutual Insurance Company Name of Corporation
DOCUMENT NUMBER:
The enclosed Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kimberly A. Shaul
Name of Contact Person
National Guardian Life Insurance Company (Parent company)
Fir:n/Company
2 E. Gilman Street
Address
Madison, WI 53703
City/State and Zip Code
dmfraley@nglic.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (608) 443-5219 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$35.00 Filing Fee X S43,75 Filing Fee & Certificate of Status Certified Copy (Additional copy is enclosed) \$43,75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certified Copy (Additional copy is enclosed)
Mullian Address

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 MUST BE COMPLETED)

•	· • • • • • • • • • • • • • • • • • • •
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(Document number of	f corporation (if known)
Commercial Travelers Mutual Insurance	Company
(Name of corporation as it appears on	the records of the Department of State)
New York	3 8/18/1970
(incorporated under laws of)	3. 8/18/1970 (Date authorized to do business in Florida)
	ΓΙΟΝ ΙΙ HE APPLICABLE CHANGES)
If the amendment changes the name of the corporation,	, when was the change effected under the laws of
its jurisdiction of incorporation? June 30, 2017	
Commercial Travelers Life Insurance C	Company
(Name of corporation after the amendment, adding suf appropriate abbreviation, if not contained in new nam	fix "corporation," "company," or "incorporated," or e of the corporation)
N/A	
(If new name is unavailable in Florida, enter alternate e business in Florida)	orporate name adopted for the purpose of transacting
If the amendment changes the period of duration, indic	ate new period of duration.
,	
no change (New c	duration) Hange
. If the amendment changes the jurisdiction of incorpora	duration) H
no change	The Property of the Property o
(New ju	risdiction)
Attached is a certificate or document of similar import, 90 days prior to delivery of the application to the Depa having custody of corporate records in the jurisdiction	rtment of State, by the Secretary of State of other offic
(Signature of a director, preside of a receiver or other court app	ent or other officer - if in the hands pointed fiduciary, by that fiduciary)
Kimberly A. Shaul	VP, General Counsel, Corporate
(Typed or printed name of person signing)	(Title of person signing)

State of New York

DEPARTMENT OF FINANCIAL SERVICES

WHEREAS IT APPEARS THAT

Commercial Travelers Life Insurance Company

Home Office Address

Utica, New York

Organized under the Laws of

New York

has complied with the necessary requirements of or pursuant to law, it is hereby

licensed to do within this State the business of

life, annuities and accident and health insurance, as specified in paragraph(s) 1, 2 and 3 of Section 1113(a) of the New York Insurance Law.



In Witness Whereof, I have hereunto set my hand and affixed the official seal of this Department at the City of Albany, New York, this 30th day of June, 2017

Maria T. Vullo Superintendent

Βv

Jacqueline Catalfamo

Special Deputy Superintendent