

830697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

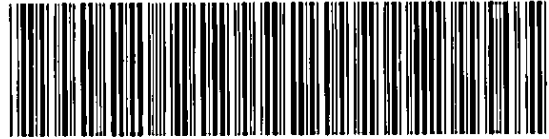
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100374170511

FILED

2021 OCT 19 AM 10:49

CLERK OF STATE
TALLAHASSEE, FL

RECEIVED

2021 OCT 19 PM 3:39

TALLAHASSEE, FL

Y SULKER

OCT 20 2021

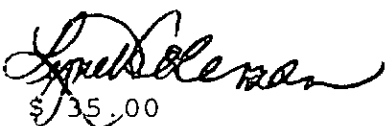
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 097384 7652832

AUTHORIZATION :

COST LIMIT : \$35.00



ORDER DATE : October 11, 2021

ORDER TIME : 3:11 PM

ORDER NO. : 097384-005

CUSTOMER NO: 7652832

FOREIGN FILINGS

NAME: U.S. FINANCIAL LIFE INSURANCE
COMPANY

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: U.S. Financial Life Insurance Company

Name of Corporation

DOCUMENT NUMBER: 830697

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Halina A. Zawodni

Name of Contact Person

Firm/Company

311 S. Wacker Drive, Suite 4300

Address

Chicago, IL 60606

City/State and Zip Code

halina.zawodni@faegredrinker.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Halina A. Zawodni

at (312) 356-5032

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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)

830697

(Document number of corporation (if known))

1. U.S. Financial Life Insurance Company

(Name of corporation as it appears on the records of the Department of State)

2. Michigan

(Incorporated under laws of)

3. 08/22/1973

(Date authorized to do business 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 under the laws of its jurisdiction of incorporation? _____

5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. 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)

8. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

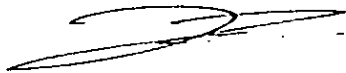
Arizona

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

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DEPT. OF STATE
TALLAHASSEE, FL

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Jay A. Kallas

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35.00

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF SECRETARY OF STATE

I, Frank LaRose, Secretary of State of the State of Ohio, do hereby certify that the paper to which this is attached is a true and correct copy from the original record now in my official custody as Secretary of State.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
8th day of October, A.D. 2021.*

Ohio Secretary of State

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Validation Number:

202128101992



State of Ohio
Department of State

Date 10/22/90

G0971-0109

Number 781859

Sherrod Brown
Secretary of State

Receipt No. 34187

6971-0109 0198

Received of STATE OF OHIO DEPT. OF INSURANCE
or filed by _____

The sum of \$ _____ for filing MIS _____ of

U.S. FINANCIAL LIFE INSURANCE COMPANY

Returned to: 34187

STATE OF OHIO DEPT. OF INSURANCE
2160 STATE ST.
COLUMBUS, OH 43260-1500

RECEIPT

MIS \$ NO FEE

Name:

Total Fee: \$ NO FEE

G8371-0110



Department of State

The State of Ohio

Sherrod Brown

Secretary of State

781859

Certificate

It is hereby certified that the Secretary of State of Ohio has custody of the Records of Incorporation and Miscellaneous Filings; that said records show the filing and record of _____ MIS _____

_____ of
U.S. FINANCIAL LIFE INSURANCE COMPANY

United States of America
State of Ohio
Office of the Secretary of State

Recorded on Roll G971 at Frame 0111 of
the Records of Incorporation and Miscellaneous Filings

Witness my hand and the seal of the Secretary of State, at the
City of Columbus, Ohio, this 4TH day of OCT,

A.D. 1990



Sherrod Brown
Sherrod Brown
Secretary of State

GC371-0111

OHIO DEPARTMENT OF INSURANCE
2100 STELIA COURT
COLUMBUS, OHIO 43266-0566

781257
FBS
10/4/90
Mc Lee

CERTIFICATE OF REDOMESTICATION

KNOW ALL PERSONS BY THESE PRESENTS, that:

A. U.S. Financial Life Insurance Company (formerly known as Amerisure Life Insurance Company), a Michigan insurance company organized under the laws of the state of Michigan, has proposed the transfer of its domicile from Michigan to Ohio, pursuant to Section 3913.31 of the Ohio Revised Code.

B. The Department of Insurance for the state of Michigan approved the proposed change in domicile from Michigan to Ohio in its order issued and entered June 12, 1990.

C. The Superintendent finds that the proposed transfer of domicile is not contrary to the interests of policyholders in this state and the Company has filed its Articles of Incorporation and Redomestication in compliance with statutory requirements.

NOW THEREFORE, the undersigned, George Fabe, Superintendent of Insurance of the State of Ohio, does hereby approve the transfer of domicile of the Company to Ohio as follows:

1. The effective date of the transfer of domicile is September 27, 1990.
2. The Company's agents, appointments and licenses, policy forms, rates, authorizations, and other filings and approvals which exist at this time, remain in effect after the transfer of domicile occurs pursuant to Section 3913.31(C) of the Ohio Revised Code.
3. The Ohio Secretary of State is authorized to accept this certificate as evidence that the Company has changed its status from a foreign legal reserve life insurance company to that of a domestic legal reserve life insurance company in the State of Ohio.

IN WITNESS WHEREOF, this Certificate of Redomestication is executed this 28 day of Sept 1990.

George Fabe
Superintendent

STATE OF OHIO
DEPARTMENT OF INSURANCE
2100 STELLA COURT
COLUMBUS, OHIO 43266-0566

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Bruce Gallo, Esq.
Office of the Secretary of State
30 East Broad Street
Columbus, Ohio 43211

GC971-0112

RECEIVED

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

The Executive Director of the Arizona Corporation Commission does hereby certify that the attached copy of the following document:

STATEMENT OF DOMESTICATION, 3/19/2020

consisting of 2 pages, is a true and complete copy of the original of said document on file with this office for:

U.S. FINANCIAL LIFE INSURANCE COMPANY
ACC file number: 23072372

IN WITNESS WHEREOF, I have hereunto set my hand
and affixed the official seal of the Arizona
Corporation Commission on this 18 Day of October,
2021 A.D.



A handwritten signature in black ink, reading "Matthew Neubert".

Matthew Neubert, Executive Director

By: A handwritten signature in black ink, reading "Justin Bullard".
JUSTIN BULLARD

DO NOT WRITE ABOVE THIS LINE; RESERVED FOR ACC USE ONLY.

STATEMENT OF DOMESTICATION
Read the Instructions M090i

1. **DOMESTICATING ENTITY NAME:** U.S. Financial Life Insurance Company
- 1.1 **DOMESTICATING ENTITY JURISDICTION OF ORGANIZATION:** Ohio
- 1.2 **DOMESTICATING ENTITY TYPE** - (e.g., corporation, LLC) Corporation
- 1.3 **DOMESTICATING ENTITY ORIGINAL DATE OF INCORPORATION/ORGANIZATION:** 09/30/1974

2. **DOMESTICATED ENTITY NAME:**
U.S. Financial Life Insurance Company

2.1 **DOMESTICATED ENTITY JURISDICTION OF ORGANIZATION:** Arizona

2.2 **DOMESTICATED ENTITY TYPE** - Check only one and follow instructions:

- ☒ **Arizona corporation** - attach to this Statement the Articles of Incorporation.
- ☐ **Arizona LLC** - attach to this Statement the Articles of Organization.
- ☐ **Foreign corporation seeking registration with the A.C.C.** - attach to this Statement the Application for Authority.
- ☐ **Foreign LLC seeking registration with the A.C.C.** - attach to this Statement the Foreign Registration Statement.
- ☐ **Foreign corporation, LLC, or other entity that is not, and will not, be registered with the A.C.C.**

3. **FOREIGN DOMESTICATED ENTITY, NOT QUALIFIED IN ARIZONA - MAILING ADDRESS** (foreign entities that are not and will not be qualified to transact business or conduct affairs in Arizona must provide a mailing address to which service of process may be mailed):

Attention (optional)		
Address 1		
Address 2 (optional)		
City	State or Province	Zip
Country		

4. APPROVAL OF DOMESTICATION - (applies to the domesticating entity):

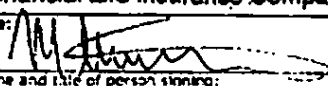
By the signature appearing on this Statement of Domestication, the domesticating entity declares under the penalty of perjury that the plan of domestication was approved by the Arizona domesticating entity in accordance with A.R.S. § 29-2503, or, if the domesticating entity is a foreign entity, in accordance with the laws of its jurisdiction of organization.

5. DELAYED EFFECTIVE DATE - Complete this section only if the domestication will have a *delayed* effective date of not more than 90 days after delivery of the Statement to the A.C.C. - list that date below:

April 1, 2020

SIGNATURES: The domesticating entity must sign.

The signer of this Statement declares and certifies *under penalty of perjury* that this Statement together with any attachments is submitted in compliance with Arizona law.

Entity Name:	U.S. Financial Life Insurance Company	Date:	December 26, 2019
Signature:			
Print name and title of person signing:	Michael Shreowitz Vice President		

Filing Fee: \$100.00 (corporations) \$50 (LLCs) Expedited processing - add \$35.00 to filing fee. All fees are nonrefundable - see Instructions.	Mall: Arizona Corporation Commission - Examination Section 1300 W. Washington St., Phoenix, Arizona 85007 Fax: 602-542-4100
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Please be advised that A.C.C. forms reflect only the minimum provisions required by statute. You should seek private legal counsel for those matters that may pertain to the individual needs of your business.
All documents filed with the Arizona Corporation Commission are public record and are open for public inspection.
If you have questions after reading the Instructions, please call 602-542-3026 or (within Arizona only) 800-345-5819.