

837337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

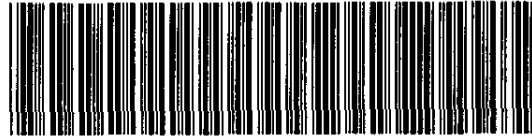
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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01/12/15--01040--007 **52.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAR - 5 AM 9:00

C.L.
3-9-15



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2015

LORI O' BRIEN / MAPFRE LIFE INSURANCE COMPANY
211 MAIN STREET
WEBSTER, MA 01570 US

SUBJECT: PERICO LIFE INSURANCE COMPANY
Ref. Number: 837337

We have received your document for PERICO LIFE INSURANCE COMPANY and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

Letter Number: 215A00000768



January 13, 2015

Via Overnight Delivery

Florida Department of State
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Perico Life Insurance Company (DE) NAIC Company Code 85561, Name
Change to MAPFRE Life Insurance Company and Change of Control

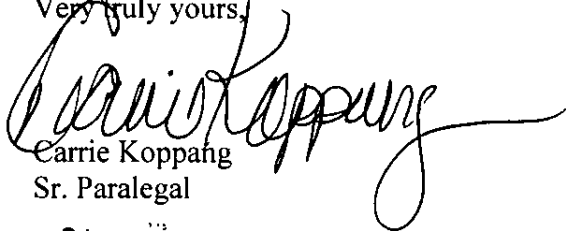
Dear Sir or Madam:

As requested, I have enclosed a Company Statement of No Changes with attached
Exhibit A.

Please feel free to contact me if anything else is needed.

Thank you again for your prompt attention.

Very truly yours,


Carrie Koppang
Sr. Paralegal

RECEIVED
15 JAN 14 AM 11:52



January 9, 2015

Via Overnight Delivery

Florida Department of State
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Perico Life Insurance Company (DE) NAIC Company Code 85561, Name
Change to MAPFRE Life Insurance Company and Change of Control

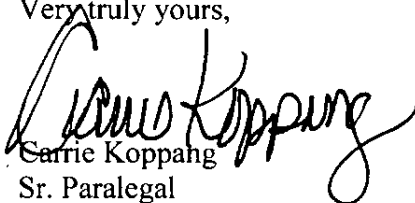
Dear Sir or Madam:

I am enclosing the application for amendment regarding the above matter, as well as
check number 311054, in the amount of \$52.50 for the filing fee.

Please feel free to contact me if anything else is needed.

Thank you again for your prompt attention.

Very truly yours,


Carrie Koppang
Sr. Paralegal

Enc.

cc: Rector & Associates
Lori O'Brien

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Perico Life Insurance Company

Name of Corporation

DOCUMENT NUMBER: 837337

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lori O'Brien

Name of Contact Person

MAPFRE Life Insurance Company

Firm/Company

211 Main Street

Address

Webster, MA 01570

City/State and Zip Code

lobrien@mapfreusa.com

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

For further information concerning this matter, please call:

Carrie Koppang

Name of Contact Person

at (**508**) **949-4876**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &
Certificate of Status



\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)



\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

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)

837337

(Document number of corporation (if known))

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAR -5 AM 9:00

1. Perico Life Insurance Company

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

2. Delaware

(Incorporated under laws of)

3. November 4, 1976

(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? June 4, 2014

5. MAPFRE Life Insurance Company

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

N/A

(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.

N/A

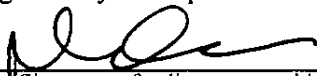
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

N/A

(New jurisdiction)

8. 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)

Michael S. Sher

(Typed or printed name of person signing)

Secretary

(Title of person signing)



COMPANY STATEMENT OF NO CHANGES

Pursuant to the instructions provided by the Florida Office of Insurance Regulation, the Applicant, MAPFRE Life Insurance Company (formerly Perico Life Insurance Company) offers the below statement of no changes.

The Applicant, hereby files this statement along with the enclosed documentation pursuant to the Florida Office of Insurance Regulation State Specific Name Change Requirements.

On June 1, 2014, Perico Life Insurance Company ("Perico"), a Delaware corporation, was acquired through a purchase of all the issued and outstanding capital stock of Perico by MAPFRE U.S.A. Corp. ("MAPFRE USA"), a Massachusetts corporation. On June 2, 2014, Perico changed its name to MAPFRE Life Insurance Company by filing a Certificate of Amendment of Certificate of Incorporation with the Delaware Secretary of State's office (attached hereto as Exhibit A). As a result of the aforementioned acquisition there have been no changes to the business model or structure of MAPFRE Life Insurance Company.

Delaware

PAGE 1

The First State

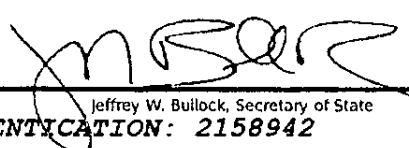
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "PERICO LIFE INSURANCE COMPANY", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "MAPFRE LIFE INSURANCE COMPANY", THE SECOND DAY OF JUNE, A.D. 2014, AT 3:54 O'CLOCK P.M.



0813728 8320

150232327

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 2158942

DATE: 02-28-15