838529

_____
(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

Name chg/aus
@ 5/26/06

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Founders Life Insurance Company
_____
(Name of Corporation)

DOCUMENT NUMBER: 83 85 29

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

   Linda Dymacek
_____
(Name of Contact Person)

   American Founders Life Insurance Company
_____
(Firm/Company)

   4343 North Scottsdale Road, Suite 300
_____
(Address)

   Scottsdale, AZ   85251
_____
(City/State and Zip Code)

For further information concerning this matter, please call:

   Linda Dymacek   at (800) 531-5067, x 5653
_____   _____
(Name of Contact Person)   (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)

838529

(Document number of corporation (if known))

1. American Founders Life Insurance Company
   (Name of corporation as it appears on the records of the Department of State)

2. Texas
   (Incorporated under laws of)

3. 6/2/1977
   (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?   3/9/2006

5. Sagicor 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)

(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.

perpetual
(New duration)

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

na
(New jurisdiction)

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

Bart F. Catmull
(Typed or printed name of person signing)

Sr. Vice President
(Title of person signing)

Texas Department of Insurance

Certificate No. 14044

Company No. 01-002655

Certificate of Authority

THIS IS TO CERTIFY THAT

SAGICOR LIFE INSURANCE COMPANY

DALLAS, TEXAS

has complied with the laws of the State of Texas applicable thereto and is hereby authorized to transact the business of

Life; Accident and Health

insurance within the state of Texas. This Certificate of Authority shall be in full force and effect until it is revoked, canceled or suspended according to law.

IN TESTIMONY WHEREOF, witness my hand and seal of office at Austin, Texas, this

__9th__ day of __March__ A.D. __2006__

MIKE GEESLIN
COMMISSIONER OF INSURANCE

BY _____

Godwin Ohaechesi, Director
Company Licensing & Registration