838529

(Re	questor's Name)	······		
· (Add	dress)			
(Add	dress)			
(Cit	y/State/Zip/Phone	:#)		
PICK-UP	☐ WAIT	MAIL		
(Bu:	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to I	Filing Officer:			
		,		
	,			

Office Use Only



300073878863

05/08/06--01052--017 **43.75

E HAY 25 AM IN OUR STATE ALLAHASSEE, FLORIDA

COVER LETTER

	Amendment Section Division of Corporations	
SUBJE	CCT: American Founders L	ife Insurance Company
ÞOCU	MENT NUMBER: (Nai	me of Corporation) 3 \(\frac{5}{5} \)
The end	closed Amendment and fee are su	bmitted for filing.
Please 1	return all correspondence concern	ning this matter to the following:
Line	da Dymacek	
	(Name of Contact Person)
Ame	rican Founders Life Insura	nce Company
	(Firm/Company)	
43	43 North Scottsdale Road, (Address)	Suite 300
Ŝ	cottsdale, AZ 85251	
	(City/State and Zip Cod	e)
For furt	ther information concerning this r	matter, please call:
Lind	a Dymacek (Name of Contact Person)	at (800) 531-5067, x 5653 (Area Code & Daytime Telephone Number)
Enclose	ed is a check for the following am	ount:
\$3	\$5.00 Filing Fee X \$43.75 Filing Fe Certificate of S	\$43.75 Filing Fee & S52.50 Filing Fee, Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
Division P.O. Bo	g Address: ment Section on of Corporations ox 6327 assee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center CircleTallahássee, 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.)

1	SECTION I	,	Op. 5
(1-3)	MUST BE COMPLETED)	A.	43 1
(D)	838509		06 MA 25 MA 100 00
(Document i	number of corporation (if know	/n)	500 C
			977
1. American Founders Life Insurance	Company ppears on the records of the De	enartment of State)	
	ppound on the records or the pe	partition of State)	**************************************
) Toyon	2 6/	2/1977	
2. Texas (Incorporated under laws of)	3(Date a	2/1977 authorized to do business in	Florida)
	SECTION II		
(4-7 COMPLETE	ONLY THE APPLICABLE CI	HANGES)	
4. If the amendment changes the name of the corp	poration, when was the ch	ange effected under the	laws of
its jurisdiction of incorporation? 3/9/20	06	_	
5. Sagicor Life Insurance Company (Name of corporation after the amendment, add	ding suffix "corporation"	"company" or "incorr	norated " or
appropriate abbreviation, if not contained in r	new name of the corporation	on)	Joinion, or
(If new name is unavailable in Florida, enter alt business in Florida)	ternate corporate name add	opted for the purpose o	f transacting
6. If the amendment changes the period of duration	on, indicate new period of	duration.	
	a1		
perpetu	(New duration)	<u></u>	
7. If the amendment changes the jurisdiction of ir	acorporation indicate new	viurisdiction	
	teorporation, material new	jurisaichon.	
na	(New jurisdiction)		
	(****, ********************************		
A CONTRACTOR OF THE PARTY OF TH			
(Signature of a director, president or other office	er - if in the hands		
of a receiver or other court appointed fiduciary,	by that fiduciary)		
Bart F. Catmull		Sr. Vice Preside	ent

(Title of person signing)

(Typed or printed name of person signing)

Texas Department of Insurance



Certificate No. 14044

Company No. 01-002655

Certificate of Authority

THIS IS TO CERTIFY THAT

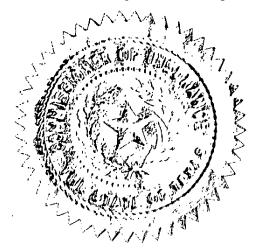
SAGICOR LIFE INSURANCE COMPANY

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

Godwin Ohaechesi, Director Company Licensing & Registration