

VIA OVERNIGHT STATUES April 3, 2001

Amendment Section
Division of Corporations
309 East Gaines Street
Tallahassee, FL 32399

800003959398--5 -04/04/01-01086--002 ******43.75 ******43.75

RE: Name Change for Cova Financial Services Life Insurance Company

Amendment Section:

Effective January 30, 2001, the Missouri Department of Insurance (our state of domicile) approved the name change of our company from Cova Financial Services Life Insurance Company to MetLife Investors Insurance Company.

Pursuant to requirements received by your office (copy enclosed), enclosed please find the following documents.

- 1. Application by Foreign Corporation to File Amendment to Application for Authorization to Transact Business in Florida
- Certified copy of Amended Articles of Incorporation from State of Domicile
- 3. Check for filing fee of \$43.75

The company address and telephone number are as follows:

MetLife Investors Insurance Company One Tower Lane, Suite 3000 Oakbrook Terrace, IL 60181 (800) 523-1661

We would like to request one Certificate of Status to be sent to the above refrected address and to the attention of the undersigned.

Should you have any questions or require additional information, please do not hesitate to contact the undersigned at (630) 368-6309.

Thank you for your assistance in this matter.

Sincerely.

Oliony Rowamson
Diane R. Swanson
Legal Administrator

Enclosures

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One Tower Lane Suite 3000 Oakbrook Terrace, IL 60181-4644 • 800-523-1661

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.)

| SECTIO (1-3 MUST BE CO | | OI APR-I |
|---|--------------------------------|------------------------------|
| 1. Cova Financial Services Life Insurance Compan | v | SEE P |
| Name of corporation as it appears on the | | H I: 57 |
| 2. Missouri | 3. April 12, 1982 | 7.79 |
| Incorporated under laws of | Date authorized to do busi | ness in Florida |
| SECTION (4-7 COMPLETE ONLY THE A | | |
| 4. If the amendment changes the name of the corporation, wl | nen was the change effected un | der the laws of |
| its jurisdiction of incorporation? January 30, 2001 | | |
| 5. MetLife Investors Insurance Company | | |
| Name of corporation after the amendment, adding suffix "corporation not contained in new name of the corporation. 6. If the amendment changes the period of duration, indicate | | appropriate abbreviation, if |
| | | |
| N/A | | |
| New Dura 7. If the amendment changes the jurisdiction of incorporation | | |
| N/A | atta | |
| New Jurisdi Signature | February 20, 2001 Date | |
| Bernard J. Spaulding | Secretary | _ |
| Typed or printed name | Title | |

No. I00233744

STATE OF MISSOURI



Matt Blunt Secretary of State

CORPORATION DIVISION

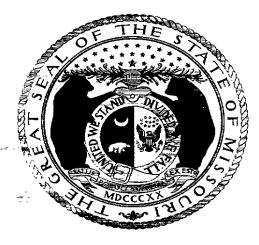
CERTIFICATE OF CORPORATE RECORDS

METLIFE INVESTORS INSURANCE COMPANY

I, MATT BLUNT, Secretary of State of the State of Missouri and Keeper of the Great Seal thereof, do hereby certify that the annexed pages contain a full, true and complete copy of the original documents on file and of record in this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 7th day of FEBRUARY, 2001.

Secretary of State



MISSOURI TATE OF I00233744



Matt Blunt Secretary of State

CORPORATION DIVISION CERTIFICATE OF AMENDMENT

MATT BLUNT, Secretary of State of the State of Missouri, do hereby certify that

METLIFE INVESTORS INSURANCE COMPANY

Formerly,

COVA FINANCIAL SERVICES LIFE INSURANCE COMPANY

a corporation organized under the Laws of Missouri, has delivered to me and that I have filed its Certificate of Amendment of its Articles of Incorporation; that said Corporation has in all respects complied with the requirements of law governing the Amendment of Articles of Incorporation and that said Articles are amended in accordance therewith.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 30th day of JANUARY, 2001.

\$25.00

CERTIFICATE OF AMENDMENT OF ARTICLES

(to be executed in triplicate) .

| the | |
|--|----------|
| We, the undersigned president or vice president and secretary or assistant secretary, on our caths swear and certify to the | |
| Cova Financial Services Life Insurance Company (C (1) NAME OF THE INSURANCE COMPANY: MetLife Investors Insurance Company (PROPOSED) | URREN' |
| (1) NAME OF THE INSURANCE COMPANY: MELLITE THE COMPANY OF THIS AMENDMENT, THE NAME | |
| | |
| THE TAISIP ANCE COMPANY IMMEDIATELY BEFORE | |
| Cova Financial Services Life Insurance Company | |
| (2) THE DATE OF THE ADOPTION OF THE AMENDMENT BY THE SHAREHOLDERS, MEMBERS OR | |
| OTHER GROUP OF PERSONS ENTITLED TO VOTE ON THE | |
| AMENDMENT: N/A | |
| | |
| additional pages if necessary): | |
| ADOPTED (ansen authority person) | |
| RESOLVED, that the Corporation's Articles of Incorporation and Certificate of | |
| | |
| Incorporation are amended as follows: | |
| Article I is hereby amended in its entirety to read as follows: Notice I myestors Insurance Compa | ny. |
| Article I is hereby amended in 123 cm. Article I: The name of the Corporation is: MetLife Investors Insurance Compa | 147F, T. |
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| JAN 3 0 2001 | - ' |
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| Wast Blust | *** |
| SECRETARY OF STATE | - |
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| MUTUAL, THE NUMBER OF THE MEMBERS P | resent either in person or by proxy entitled to |
|--|--|
| OTE: 2,899,446 | |
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| | THE THOUGH OF BEDSONS THAT VOTED FOR AND AGAINST |
| | THER GROUP OF PERSONS THAT VOTED FOR AND AGAINST |
| AID AMENDMENT RESPECTIVELY: For: 2, | 899,446 Against 0 |
| | • |
| | DI TOTO AND ADDRESS OF A STATE OF |
| 5) IF THE AMENDMENT EFFECTS A CHANGE HARES, THEN A STATEMENT SHOWING THE | IN THE NUMBER OR PAR VALUE OF AUTHORIZED ENUMBER OF SHARES AND PAR VALUE THEROF |
| | · |
| REVIOUSLY AUTHORIZED: N/A | |
| | 1 Reket Hossen |
| | President or Vice President |
| | (J/ Robert Hopson |
| LACE CORPORATE SEAL HERE If no composite seal, state "none".) | |
| | |
| | Secretary or Assistant Secretary |
| | Bernard J. Spaulding |
| tate of Illinois | en de la companya de |
| County ofDuPage | - ₂₀ |
| ubscribed and swom to before me this 4th day of | January XX901. |
| STUBOLIO CONTROL OF THE STATE O | |
| | ^ - |
| OFFICIAL SEAL | $\alpha 2/\alpha = 0$ |
| OFFICIAL SEAL DIANE R. SWANSON NOTARY PUBLIC, STATE OF ILLINOIS | Wian & Swamm |

CERTIFICATE OF AMENDMENT OF THE DIRECTOR OF INSURANCE (This certificate may be filled out only by the Director of Insurance)

I certify that I have examined the above Certificate of Amendment of Articles as executed by the insurance company and find that it conforms to law, that the proceedings were regular, that the condition and the assets of the company justify the amendment, and that the same will not be prejudicial to the interests of the policyholders, all as provided by law.

So Cardified, Signed, and Official Seal Affixed on this date;

Director of Insurance State of Missouri