Page 1 of 1

851719 Florida Department of State

Division of Corporations Public Access System

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COR AMND/RESTATE/CORRECT OR O/D RESIGN

UNITED AMERICAN INSURANCE COMPANY

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PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

APPLICATION FOR AUTHORIZA	TION TO TRANSACT BUSINI	EȘS IN FLOR I DA
(Pursua	int to s. 607.1504, F.S.)	* d • •
	SECTION I	
(1-3 M	IUST BE COMPLETED)	JAN 30 CRETARY CAHASS
·		SSIR) O
851719		Ho ≥ M
(Decument nu	imber of corporation (if known)	AHIO: 4: OF STATE E. FLORE
1. United American Insurance Company	-	
(Name of corporation as it up	pears on the records of the Department of State) ;*
2. Delaware	3 01-13-1982	
(Incorporated under laws of)	3. 01-13-1982 (Date authorized to do b	isiness in Florida)
· · ·	·	·
(4-7 COMPLETE O	SECTION II NLY THE APPLICABLE CHANGES)	
4. If the amendment changes the name of the corpo	oration, when was the change effected t	inder the laws of
its jurisdiction of incorporation? n/a		
5, n/a	•	
(Name of corporation after the amendment, addi appropriate abbreviation, if not contained in ne	ng suffix "corporation," "company," ow name of the corporation)	r "incorporated," or
n/a		
(If new name is unavailable in Florida, enter altebusiness in Florida)	rnate corporate name adopted for the p	urpose of transacting
6. If the amendment changes the period of duration	n, indicate new period of duration.	
n/a		
- 1	(New duration)	
7. If the amendment changes the jurisdiction of inc	corporation, indicate new jurisdiction.	
Nebraska		
	(New jurisdiction)	
 Attached is a certificate or document of similar if 90 days prior to delivery of the application to the having custody of corporate records in the jurisd 	import, evidencing the amendment, aut e Department of State, by the Secretary liction under the laws of which it is inc	henticated not more than of State or other official orporated.
Cural a MEtay		
(Signature of a director, president or other officer of a receiver or other court appointed fiductary, b	- if in the hands y that fiduciary)	
Carol A., McCoy	Assistant Secretary	
(Typed or printed name of person signing)	(Title of person si	gning)
	,	

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STATE OF



NEBRASKA

United States of America, State of Nebraska

58

Department of State Lincoln, Nebraska

I, John A. Gale, Secretary of State of Nebraska do hereby certify;

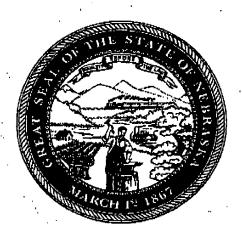
UNITED AMERICAN INSURANCE COMPANY

with registered office located in OMAHA, Nebraska, filed amended and restated articles of incorporation in this office on December 12, 2007. There upon becoming a domestic corporation organized under the Business Corporation Act.

In Testimony Whereof,

I have hereunto set my hand and affixed the Great Scal of the State of Nebraska on January 24, 2008.

SECRETARY OF STATE



This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.