

F030000003006

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Name chg  
@ 6/15/11

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Corvesta Life Insurance Company  
Name of Corporation

**DOCUMENT NUMBER:** \_\_\_\_\_

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary T. Porter, Esquire  
Name of Contact Person

Funk & Bolton, P. A.  
Firm/Company

36 South Charles Street, 12 Floor  
Address

Baltimore, MD 21201  
City/State and Zip Code

mporter@fblaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Fred Santiago at ( 410 ) 659-4976  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |   |
|---|---|--|---|
| <input checked="checked" type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 9, 2011

MARY T. PORTER, ESQ.  
FUNK & BOLTON, P.A.  
36 SOUTH CHARLES STREET - 12 FLOOR  
BALTIMORE, MD 21201

SUBJECT: WESTWARD LIFE INSURANCE COMPANY  
Ref. Number: F03000003006

We have received your document for WESTWARD LIFE INSURANCE COMPANY and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

PLEASE INCLUDE THE DATE OF INCORPORATION IN FLORIDA. (see attached printout)

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) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 911A00014148

**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)**  
F03000003006

\_\_\_\_\_  
(Document number of corporation (if known))

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

2. Arizona 3. 06/17/2003  
(Incorporated under laws of) (Date authorized to do business in Florida)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 JUN 15 PM 3:03

**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? April 4, 2011

5. Corvesta 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)

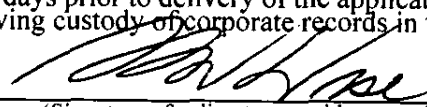
6. If the amendment changes the period of duration, indicate new period of duration.

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 W. Wise  
(Typed or printed name of person signing)

Secretary  
(Title of person signing)

# STATE OF ARIZONA



Office of the  
**CORPORATION COMMISSION**

I, Ernest G. Johnson, Executive Director of the Arizona Corporation Commission, do hereby certify that the attached copy of the following document:

**ARTICLES OF AMENDMENT**

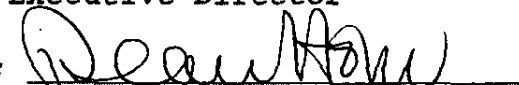
consisting of 3 pages, is a true and complete copy of the original of said document on file with this office for:

**CORVESTA LIFE INSURANCE COMPANY**  
**ACC file number: 00676928**

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission on this date: May 3, 2011.



  
Executive Director

By:   
DEANNA HORN



03449694

AZ CORPORATION COMMISSION  
FILED

APR 14 2011

## ARTICLES OF AMENDMENT

Pursuant to A.R.S. §10-1005 and §10-1006

FILE NO.

0067692-8

1. The name of the corporation is:

Westward Life Insurance Company

2. Attached hereto as Exhibit A is the text of each amendment adopted.

3. ☒ The amendment does not provide for an exchange, reclassification or cancellation of issued shares.

4. ☐ The amendment does provide for an exchange, reclassification or cancellation of issued shares.  
(Please check either "A" or "B" below.)

- A. ☐ Exhibit A contains provisions for implementing the exchange, reclassification or cancellation of issued shares provided for therein.

- B. ☐ Exhibit A does not contain provisions for implementing the exchange, reclassification or cancellation of issued shares provided for therein. Such actions will be implemented as follows:

5. The amendment was adopted the 11th day of March, 2011.

6. ☐ The amendment was adopted by the (choose one):

- A. ☐ Incorporators  
(without shareholder action and either shareholder action was not required or no shares have been issued).

- B. ☐ Board of Directors  
(without shareholder action and either shareholder action was not required or no shares have been issued).

- C. ☒ Shareholders  
There is (are) one voting groups eligible to vote on the amendment. The designation of voting groups entitled to vote separately on the amendment, the number of votes in each, the number of votes represented at the meeting at which the amendment was adopted and the votes cast for and against the amendment were as follows:

PROPOSED ARTICLES AND/OR AMENDMENT(S) APPEAR TO CONFORM TO  
ARIZONA INSURANCE STATUTES. THE NAME IS NOT NOW IN CONFLICT  
WITH THAT OF ANY INSURER AUTHORIZED TO TRANSACT INSURANCE IN  
ARIZONA ON THIS DATE.  
DOCUMENT(S) CONSIST(S) OF 3 PAGES.

FOR THE DIRECTOR OF INSURANCE  
STATE OF ARIZONA

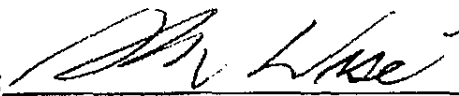
AUTHORIZED REPRESENTATIVE

042011

The voting group consisting of all outstanding shares of common [class or series] stock is entitled to 11,700,297 votes. There were 11,700,297 votes present at the meeting. The voting group cast 11,700,297 votes for and 0 votes against approval of the amendment. The number of votes cast for approval of the amendment was sufficient for approval by the voting group.

ARS §10-120F requires that changes to corporation(s) be executed by The Chairman of the Board of Director or by an officer of the corporation.

Dated this 14<sup>th</sup> day of March, 2011

Signature: 

Title: Secretary

Printed Name: Michael W. Wise

## EXHIBIT A

Article I of the Articles of Incorporation is amended as follows:

The name of the Corporation shall be Corvesta Life Insurance Company and its principal place of business in Arizona shall be Phoenix, Maricopa County, but other places of business may be established and maintained within or without the State of Arizona as the Board of Directors may designate, where business of the corporation, including meetings or stockholders and directors, may be conducted and held.