

F11000002486Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000158079 3)))



H110001580793ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368*Attn: Michelle Milligan*SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JUN 14 PM 2:33

RECEIVED

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Amalgamated Life Insurance Company

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JUN 14 AM 10:35

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

JUN 15 2011

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.**

1. Amalgamated Life Insurance Company

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York

(State or country under the law of which it is incorporated)

3. 13-5501223

(FBI number, if applicable)

4. September 29, 1943

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 333 Westchester Ave North Building White Plains, NY 10604

(Principal office address)

333 Westchester Ave North Building White Plains, NY 10604

(Current mailing address)

8. Life and Accident & Health

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Chief Financial Officer**

Office Address: **PO Box 6200 (32314-6200) 200 E. Gaines St.**

Tallahassee

(City)

Florida 32339

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Chief Financial Officer

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED
2011 JUN 14 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Refer to attachment

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Refer to Attachment

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Mark Schwartz
(Signature of Director or Officer listed in number 12 of the application)

14. Mark Schwartz, Secretary
(Typed or printed name and capacity of person signing application)

2011 JUN 14 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Amalgamated Life Insurance Company

Business Address for all officers and directors:

333 Westchester Ave, North Building White Plains, NY 10604

OFFICERS

David J. Walsh	President and CEO
Michael Hirsch	EVP
Richard Rust	EVP
John Thornton	EVP
Paul Mallen	EVP, CFO
Leslie Bostic	SVP
Arthur Kurek	SVP
Claire Levitt	EVP
Mark Schwartz	SVP, Secretary-Treasurer
Jeffrey Warbet	SVP
Nina Chakraborty	Vice President
Martin Cohen	Vice President, Chief Actuary
John Dubil	Vice President
Ann Joo Kim	Vice President
Victoria Sartor	SVP
Raghubar Singh	Vice President, CIO
Thomas Thompson	Vice President

DIRECTORS

Noel Beasley
Harold Bock
Gary Bonadonna
James Brubaker
Alexandra Dagg
Mark Fleischman
Lynne Fox
Richard Gilbert
John Gillis
Christine Kerber
Peter Lindenmeyer
Desmond Massey
David Melman
Homi Patel
Warren Pepicelli
Bruce Raynor
Harris Raynor
Edgar Romney
Richard Rumelt
Steve Thomas
Christina Vasquez
David J. Walsh
Steven Weiner

FILED
2011 JUN 14 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Good Standing

STATE OF NEW YORK
INSURANCE DEPARTMENT

It is hereby certified that

AMALGAMATED LIFE INSURANCE COMPANY
of White Plains, New York

was incorporated under the Laws of the State of New York on September 29, 1943, under the title of THE
AMALGAMATED LIFE INSURANCE COMPANY, INC. and was licensed to transact insurance business in the
State of New York on January 10, 1944 ;

that it changed its name to AMALGAMATED LIFE INSURANCE COMPANY on January 28, 1992.

IT IS HEREBY FURTHER CERTIFIED that the aforesaid Company is duly authorized in the State of New York to
transact the business of life and accident and health insurance as specified in the paragraph(s) 1 and 3(i) of Section
1113(a) of the New York Insurance Law, and has been continuously licensed and remains in good standing to the date
of this certificate.



In Witness Whereof, I have hereunto set my hand
and affixed the official seal of this Department
at the City of Albany, New York, this
13th day of June, 2011

JAMES J. WRYNN

Superintendent
By

Charles J. Williams
Special Deputy Superintendent

FILED
2011 JUN 14 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA