

F13 000004764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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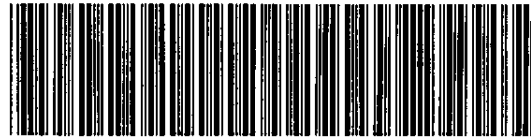
(Business Entity Name)

(Document Number)

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OCT 31 2014  
C. CARROTHERS

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: The First Rehabilitation Life Insurance Company of America  
Name of Corporation

DOCUMENT NUMBER: F13000004764

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David G. Melman

Name of Contact Person

ShelterPoint Life Insurance Company

Firm/Company

600 Northern Blvd., Ste 310

Address

Great Neck, NY 11021

City/State and Zip Code

dmelman@shelterpoint.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David G Melman

Name of Contact Person

at ( 516 ) 504-9320

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &  
Certificate of Status



\$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)



\$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

**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.)

OCT 31 PM 2:04

RECEIVED  
TALLAHASSEE, FLORIDA

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

F13000004764

(Document number of corporation (if known))

1. The First Rehabilitation Life Insurance Company of America

(Name of corporation as it appears on the records of the Department of State)

2. New York

(Incorporated under laws of)

3. 11/01/2013

(Date authorized to do business in Florida)

**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? July 15, 2014

5. ShelterPoint 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)

(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.

\_\_\_\_\_  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

\_\_\_\_\_  
(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)

David G. Melman

(Typed or printed name of person signing)

Chief Legal Officer

(Title of person signing)



NEW YORK STATE  
DEPARTMENT *of*  
FINANCIAL SERVICES

Andrew M. Cuomo  
Governor

Benjamin M. Lawsby  
Superintendent

July 16, 2014

Frederic Garsson, Esq.  
Saul Ewing LLP  
One Riverfront Plaza  
Newark, NJ 07102

Re: The First Rehabilitation Life Insurance Company of America  
Change of Name to  
ShelterPoint Life Insurance Company

Dear Mr. Garsson:

The amended and restated charter for The First Rehabilitation Life Insurance Company of America effecting the company's change of name to ShelterPoint Life Insurance Company has been approved and placed on file with this Department as of July 15, 2014. We enclose two certified copies of this document. One of these certified copies should be placed on file in the Office of the County Clerk for Nassau County and the proof of filing returned to the undersigned.

The amended by-laws for this company reflecting its change of name has also been approved and placed on file as of July 15, 2014.

This will also acknowledge receipt of your firm's check for \$35.00 in payment of the filing/certification fees in this matter.

Very truly yours,

Patrick M. Harrigan  
Associate Attorney  
Office of General Counsel

Enclosures

**State of New York**

**DEPARTMENT OF FINANCIAL SERVICES**

**WHEREAS IT APPEARS THAT**

**ShelterPoint Life Insurance Company**

**Home Office Address** Great Neck, New York

**Organized under the Laws of** New York

**has complied with the necessary requirements of or pursuant to law, It is hereby**

**licensed to do within this State the business of**

**life, annuities and accident and health insurance, as specified in paragraph(s) 1, 2 and 3 of Section 1113(a) of the New York Insurance Law.**



**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  
15th day of July, 2014**

**Benjamin M. Lawskey  
Superintendent**

**By**   
**Jacqueline Catalfamo  
Special Deputy Superintendent**