

**F19000003931**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP      ☐ WAIT      ☐ MAIL

(Business Entity Name)

(Document Number)

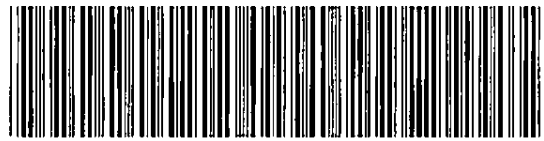
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Articles of Corp.

## Articles of Corr.

Office Use Only



700445398677

02/26/25--01024--008 \*\*49.75

0001-0025 611:03  
STOILS COMPLETE  
TALLER 25 FL

7/14



PO Box 149104 | Austin, TX 78714 | 1-800-578-4677 | tdi.texas.gov

**December 21, 2021**

**We approved your application**

TDI has approved the redomestication and name change for ManhattanLife Insurance and Annuity Company, TDI License 93609. Please save a copy for your records.

If you have questions, use this reference number: 1113191

Cassie Brown  
Commissioner of Insurance

A handwritten signature in black ink, appearing to read "John Carter", written over a horizontal line.

John Carter, Director  
TDI Company Licensing and Registration Office  
Commissioner's Order No. 3632

Recommended by:

A handwritten signature in black ink, appearing to read "Stacey Kurazawa", written over a horizontal line.

Stacey Kurazawa, Insurance Specialist  
TDI Company Licensing and Registration Office

RECEIVED  
JAN 4 2022  
STATE OF TEXAS  
COMMISSIONER OF INSURANCE

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** ManhattanLife Insurance and Annuity Company  
Name of Corporation

**DOCUMENT NUMBER:** F18000003831

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Genetha Roberson  
Name of Contact Person  
ManhattanLife Insurance and Annuity Company  
Firm/Company  
10777 Northwest Freeway  
Address  
Houston, TX 77092  
City/State and Zip Code  
genetharoberson@manhattanlife.com  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Genetha Roberson at ( 713 ) 821-6435  
Name of Contact Person 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 ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

## ARTICLES OF CORRECTION

For

ManhattanLife Assurance Company of America

\_\_\_\_\_  
Name of Corporation as currently filed with the Florida Dept. of State

FI8000003831

\_\_\_\_\_  
Document Number (if known)

Pursuant to the provisions of Section 617.0124, Florida Statutes, this corporation files these Articles of Correction within 30 days of the file date of the document being corrected.

These articles of correction correct \_\_\_\_\_ Amended Annual Report  
(Document Type Being Corrected)

filed with the Department of State on \_\_\_\_\_ January 14, 2025  
(File Date of Document)

Specify the inaccuracy, incorrect statement, or defect:

Company name and Filing State or Country require correcting

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

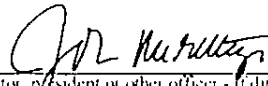
Correct the inaccuracy, incorrect statement, or defect:

1) The company's name shown is ManhattanLife Assurance Company of America; the correct company name is:

ManhattanLife Insurance and Annuity Company

2) The Filing State or County shown is Arkansas; the correct filing state is Texas

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



\_\_\_\_\_  
(Signature of a director, president or other officer - If directors or officers have not been selected, by an incorporator - if in the hands of the receiver, trustee, or other court appointed fiduciary, by that fiduciary.)

John McGettigan

\_\_\_\_\_  
(Typed or printed name of person signing)

Secretary

\_\_\_\_\_  
(Title of person signing)

Filing Fee: \$35.00

# Texas Department of Insurance

## Amended Certificate of Authority

License no. 93609

Licensed since: December 8, 1980

Department Certification

**ManhattanLife Insurance and Annuity Company**  
(domestic stock life, health, or accident company)  
organized under the laws of the state of Texas

This entity has complied with the laws of the state of Texas, as applicable, and is authorized to transact the following lines of insurance:

**Accident, Health, Life**

RECEIVED  
TALAMON, FL  
STATE  
FBI 11:03

This certificate of authority is in full force and effect until it is revoked, canceled, or suspended according to law.

Given under my hand and official seal of office  
in the city of Austin,

December 21, 2021

CASSIE BROWN  
COMMISSIONER OF INSURANCE

BY



John Carter, Director  
Company Licensing and Registration  
Financial Regulation Division  
Commissioner's order no. 3632



# FLORIDA OFFICE OF INSURANCE REGULATION

## MANHATTAN LIFE INSURANCE AND ANNUITY COMPANY

Is hereby authorized to transact insurance in the State of Florida.

This certificate signifies that the company has satisfied all requirements of the Florida Insurance Code for the issuance of a LIFE AND HEALTH INSURER CERTIFICATE OF AUTHORITY and remains subject to the laws of Florida.

Original Issuance 11/13/2019-

Replacement Issuance Thursday, March 10, 2022

No. 22-420884060

*David Altmaier*

David Altmaier  
Commissioner  
Office of Insurance Regulation