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## COVER LETTER .

**TO:** Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Hannover Life	e Reassurance Co	ompany of America
DOCUMENT NUMI			
	of Amendment and fee are sub	omitted for filing.	
Please return all corres	spondence concerning this mat	ter to the following:	
	Leah Cougler		
		Name of Contact Persor	
	Hannover Life Re		
		Firm/ Company	
	200 S. Orange Av	enue, Suite 190	00
		Address	
	Orlando, Florida	32801	
		City/ State and Zip Code	2
<del></del>	E-mail address: (to be us	ed for future annual report	notification)
	(		,
For further informatio	n concerning this matter, pleas	e call:	
Loob Cougler	(looustor@htramoric	a.com) 407	6/10-2311
Lean Couglei	(lcougler@hlrameric	a.com) at (407	de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	or the following amount made p	payable to the Florida Depa	artment of State:
□ \$35 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)
Am Div P.O	iling Address endment Section ision of Corporations . Box 6327 lahassec, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building Executive Center Circle assee, FL 32301

## Articles of Amendment to Articles of Incorporation of



## HANNOVER LIFE REASSURANCE COMPANY OF AMERICA

wing amendment(s) to
The new
e abbreviation ust contain the
on.

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be <math>PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	MA	
X Remove	V	Mike Jones	10/11	
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check One)	Title	<u>Name</u>	<u>A</u>	<u>ldres</u> s
1) Change		_		
Add			_	······
Remove		,		
2) Change		_		
Add				
Remove				
3) Change	<u></u>	_		
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6) Change				
Add				
Remove		•		

E. If amending or adding additional Arti-	cles, enter change(s) here:
(Attach additional sheets, if necessary).	(Be specific)
N/A	
F. If an amendment provides for an exch	ange, reclassification, or cancellation of issued shares,
	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A) N/A	
<u>IN/A</u>	

## ARTICLES OF AMENDMENT TO ARTICLES OF INCORPORATION

**OF** 

### HANNOVER LIFE REASSURANCE COMPANY OF AMERICA

(hereafter referred to as the "Amendment")

This Amendment is to be attached to and made a part of the Articles of Incorporation of Hannover Life Reassurance Company of America (the "Company"). Except as otherwise provided herein, all terms and provisions of the Company's Articles of Incorporation shall continue unchanged and remain in full force and effect.

On December 13, 2012, the Board of Directors and sole Shareholder of the Company unanimously approved and consented to the adoption of the following amendment to the Articles of Incorporation, as originally filed on June 16, 1988, amended on November 8, 1988, March 14, 1991, and August 2, 1999.

## **ARTICLE I**

## As Amended August 2, 1999:

NAME: The name of this corporation is Hannover Life Reassurance Company of America, with its principal place of business at the City of Orlando, Orange County, State of Florida located at Suite 1400, 800 North Magnolia Avenue.

## Amendment Effective December 17, 2012:

NAME: The name of this corporation is Hannover Life Reassurance Company of America, with its principal place of business at the City of Orlando, Orange County, State of Florida located at **Suite 1900, 200 South Orange Avenue**.

IN WITNESS WHEREOF, the undersigned has executed this amendment to the Articles of Incorporation this day of day of day 2012.

Steven B. Najjar, Secutive Vice President and General Counsel

The date of each amendment(s) ad	December 13, 2012
Effective date if applicable:	ECEMBER 17, 2012
<u></u>	(no more than 90 days after amendment file date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were ado by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) fficient for approval.
	proved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):
"The number of votes cast	for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
action was not required.	opted by the board of directors without shareholder action and shareholder opted by the incorporators without shareholder action and shareholder
Dated 1/18/1 Signature(By a d	lirector, president on the officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court
	ted fiduciary by that fiduciary)
	(Typed or printed name of person signing)
	(Typed or printed name of person signing)  (Title of person signing)