

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

(((H10000223242 3)))



H100002232423ABCG

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)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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

m	Address:			
MMA11	ACCTESS:			

COR AMND/RESTATE/CORRECT OR O/D RESIGN

AGL LIFE ASSURANCE COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED
10 OCT 11 AH 8: 01
SECHETARY OF STATE

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 1 (1-3 must be completed)

		P00100				
	(Document num	ber of corporation	n (if known)			
1	AGL Life Assurance Company					
	(Name of corporation as it appears on the records of the Department of State)				001	
2	Pennsylvania	3	12/02/1983	7.5		
	(Incorporated under laws of) S: (4-7 COMPLETE ONL	ECTION II	(Date authorized to do business CABLE CHANGES)	in Florida)	AH 9: 16	
4. If the an	nendment changes the name of the corpora	ation, when w	as the change offected under	the laws o	nf	
	liction of incorporation? 09/22/2010					
•						
(If new no busines	riate abbreviation, if not contained in new name is unavailable in Florida, enter alterns in Florida) nendment changes the period of duration, in	ate corporate	name adopted for the purpos	e of transa	eting	
		New duration)				
7. If the an	nendment changes the jurisdiction of incor	•	cate new jurisdiction.			
	<u> </u>	ew jurisdiction)				
Su	d is a certificate or document of similar imprior to delivery of the application to the lustody of corporate records in the jurisdiction. Signature of a director, president or other officer - if a receiver or other court appointed fiduciary, by	if in the hands	ing the amendment, authentic f State, by the Secretary of St e laws of which it is incorpor	cated not nate or other ated.	nore than er officia	
	Susan M. Oberties		Vice President			
	(Typed or printed name of person signing)		(Title of person signing)		

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

September 30, 2010

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY, That from an examination of the indices and Records of this Department, it appears that Articles of Amendment were filed pursuant to the laws of the Commonwealth of Pennsylvania on September 22, 2010 for AGL LIFE ASSURANCE COMPANY, a Pennsylvania corporation, incorporated December 26, 1995, whereby the corporate name was changed to PHILADELPHIA FINANCIAL LIFE ASSURANCE COMPANY.

IN TESTIMONY WHEREOF, I have hereunto set 2 my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Sada n