P01655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

FEB 29 2012
T. ROBERTS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Multinational Life Insurance Company f/k/a National Life Insurance Company
Name of Corporation

DOCUMENT NUMBER: _____

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUIS PIMENTEL ZERBI
Name of Contact Person

Multinational Life Insurance Company
Firm/Company

#510 MUNOZ RIVERA AVE., SAN JUAN, PUERTO RICO 00918
Address

City/State and Zip Code

lpimentel@multinationalpr.com/yelitzacruzmelendez@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIS PIMENTEL at (787) 758-0909
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 (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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2012

LUIS PIMENTEL ZERBI
MULTINATIONAL LIFE INSURANCE COMPANY
510 MUNOZ RIVERA AVE
SAN JUAN, PUERTO RICO 00918,

SUBJECT: NALIC LIFE INSURANCE COMPANY
Ref. Number: P01655

We have received your document for NALIC LIFE INSURANCE COMPANY and your check(s) totaling $43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date 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 the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts
Regulatory Specialist II

Letter Number: 812A00005297

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.)

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TALLAHASSEE FLORIDA

SECTION I
(1-3 MUST BE COMPLETED)

P01655
(Document number of corporation (if known))

1. NALIC LIFE INSURANCE COMPANY
(Name of corporation as it appears on the records of the Department of State)

2. PUERTO RICO
(Incorporated under laws of)

3. 4/18/1984
(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? 12/14/2011

5. MULTINATIONAL 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)

N/A
(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.

N/A
(New duration)

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

N/A
(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.

Yelitza Cruz Melendez
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

YELITZA CRUZ MELENDEZ
(Typed or printed name of person signing)

SECRETARY OF THE CORPORATION
(Title of person signing)

Government of Puerto Rico

Office of the Commissioner of Insurance

I hereby certify that National Life Insurance Company changed its name to Multinational Life Insurance Company effective on December 14, 2011.

I also certify that Multinational Life Insurance Company is a domestic insurer duly authorized by the Office of the Commissioner of Insurance to transact life and disability insurance in this jurisdiction.

In witness whereof, I hereunto subscribe my name and affix my official seal at Guaynabo, Puerto Rico, this 17TH day of February, 2012.

Ramón L. Cruz Colón, CPCU, AU, ARe
Commissioner of Insurance

Commonwealth of Puerto Rico

Office of the Commissioner of Insurance

Certificate of Authority

This is to certify that

MULTINATIONAL LIFE INSURANCE COMPANY

PO BOX 366107
SAN JUAN, PR 00936-6107

has complied with the corresponding requirements of the Insurance Code of Puerto Rico and thus is hereby granted authority to transact, within Puerto Rico, life and disability insurance.

This authorization shall be in force from July 1, 2011 to June 30, 2012 unless previously suspended, revoked, or terminated pursuant to the law and regulations in force.

In witness whereof, I hereunto subscribe my name and affix my official seal at Guaynabo, Puerto Rico this 14th day of December, 2011.

Ramón L. Cruz Colón, CPCU, ARe, AU
Commissioner of Insurance