



SCOTTISH RE

P05178

August 9, 2000

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Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Per your request received July 27th, 2000, enclosed please find a completed application for amendment, and original certificate from the state of incorporation evidencing the amendment, and a check for 52.00 to cover the filing fee, a certified copy and a Certificate of Status.

Thank you for your assistance with this matter. If you have any questions or concerns please do not hesitate to contact me at (704)943-2076 or erin.waters@scottishre.com

Sincerely,

Erin D. Waters

Erin D. Waters
Compliance Analyst

Enclosures

FILED
00 AUG 14 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SCOTTISH RE (U.S.), INC.
15800 John J. Delaney Drive • Suite 200 • Charlotte, North Carolina 28277
telephone 704.542.9192 • facsimile 704.542.5744

P05178
4ps FF N. Chang
8-14-00
* Carl Chang
* Carl Chang

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 I
(1-3 MUST BE COMPLETED)

1. Harbourton Reassurance, Inc.
Name of corporation as it appears on the records of the Department of State.
2. Delaware 3. March 4, 1985
Incorporated under laws of 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? February 10, 2000
5. Scottish Re (U.S.), Inc.
Name of corporation after the amendment, adding suffix "corporation" "company" or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation.
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

Thomas W. Blair
Signature

8/2/00
Date

Thomas W. Blair
Typed or printed name

Secretary
Title

FILED
00 AUG 14 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Delaware



DONNA LEE H. WILLIAMS
INSURANCE COMMISSIONER

841 SILVER LAKE BLVD.
DOVER, DELAWARE 19904-2465
(302) 739 - 4251
FACSIMILE (302) 739 - 5280

Department of Insurance

CERTIFIED CERTIFICATE OF AUTHORITY

I, DONNA LEE H. WILLIAMS, Insurance Commissioner of the State of Delaware, do hereby certify that the attached Delaware Certificate of Authority No. 3859P, dated March 9, 2000, and issued to the

SCOTTISH RE (U.S.), INC.
(f/k/a HARBOURTON REASSURANCE, INC.)

is a true and correct copy of the document on file with this Department.

IN WITNESS WHEREOF, I HAVE HEREUNTO
SET MY HAND AND AFFIXED THE OFFICIAL
SEAL OF THIS DEPARTMENT AT THE CITY
OF DOVER, THIS 1ST DAY OF JUNE, 2000.

Donna Lee H. Williams

DONNA LEE H. WILLIAMS
INSURANCE COMMISSIONER

Nº 3859P

Annual Continuation Fee
\$ 50.00

State of Delaware



Department of Insurance

Certificate of Authority to Insurance Company

This Certifies that subject to and in accordance with the laws of this State,

The **SCOTTISH RE (U.S.), INC.**
1209 Orange Street, Wilmington, DE 19801
of Mailing: 15800 John J. Delaney Drive, Charlotte, NC 28277

Incorporated or Organized on **January 20, 1977** in **Delaware**
as a **Stock** insurer is hereby authorized to transact the business of
Life, including annuities, Variable Annuities, Credit Life,
Health and Credit Health

insurance within the State of Delaware as such classes are now or may hereinafter be defined. This Certificate of Authority is the property of the State of Delaware and shall continue in force until terminated, suspended or revoked, subject to requirements for continuation by or on March 1 annually as set forth in the Insurance Laws of the State of Delaware. **Admitted on September 29, 1977; effective February 10, 2000 changed name from Harbournon Reassurance, Inc. to Scottish Re (U.S.), Inc.**

IN WITNESS WHEREOF, I have
hereunto set my hand and official seal, at Dover,

this **9th** day of **March** **xxx2000**

Donna Lee H. Williams
INSURANCE COMMISSIONER

[Signature]
DEPUTY INSURANCE COMMISSIONER