

P06132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

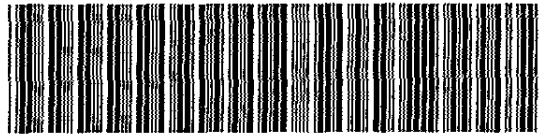
(Business Entity Name)

(Document Number)

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

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04 JAN 12 PM 12:16  
CLERK'S OFFICE  
TOLSON

PC  
T. Lewis 1/14/04



January 9, 2004

Thomas L. Evans, C.M.A.  
Vice President, Finance  
& Secretary-Treasurer

Tel: (416) 542-1735  
Fax: (416) 598-3901  
tom.evans@revios.us

BY COURIER

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399 USA

**RE: Company Name Change  
Revios Reinsurance U.S. Inc.  
(formerly Gerling Global Life Reinsurance Company)  
NAIC# 87017, FEIN # 62-1003368**

Dear Sir or Madam:

On November 14, 2003 our new name was accepted and reserved for filing by the Secretary of State of California. We now enclose the following documents required by your Division of Corporations and request a new Certificate of Status issued in our new name – Revios Reinsurance U.S. Inc.:

1. Transmittal Letter and Application for Foreign Profit Corporation to file Amendment to Application for Authorization to Transact Business in Florida;
2. An original Certificate from the state of incorporation evidencing the amendment;
3. A check for \$43.75 for filing fee.

Please do not hesitate to contact us if you have further documentation that needs to be completed to affect this change.

Yours truly,

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

tpc  
Encl.

Revios Reinsurance

480 University Avenue  
Toronto, Ontario  
Canada  
M5G 1V6

www.revios.us

**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)**

P06132

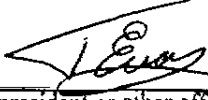
(Document number of corporation (if known))

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SECRETARY OF STATE  
TALLAHASSEE, FL 32311

1. Gerling Global Life Reinsurance Company  
(Name of corporation as it appears on the records of the Department of State)
2. California 3. May 21, 1985  
(Incorporated under laws of) (Date authorized to do business in Florida)

**SECTION II**  
**(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)**

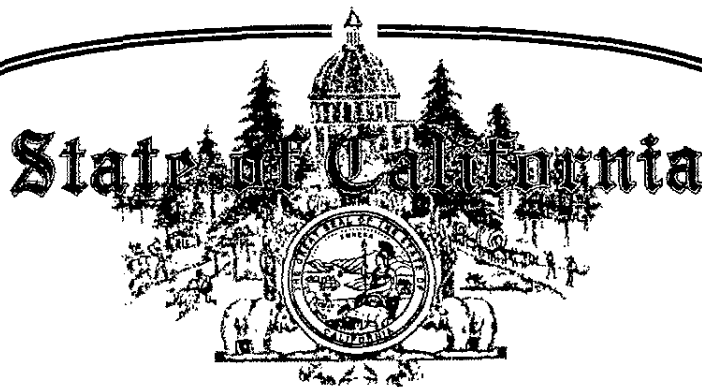
4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? December 23, 2003
5. Revios Reinsurance U.S. Inc.  
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
6. If the amendment changes the period of duration, indicate new period of duration.  
N/A  
(New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.  
N/A  
(New jurisdiction)

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

Thomas L. Evans  
(Typed or printed name of person signing)

January 6, 2004  
(Date)

VP. Finance & Secretary-Treasurer  
(Title of person signing)



## SECRETARY OF STATE



I, *Kevin Shelley*, Secretary of State of the State of California, hereby certify:

That the attached transcript of 7 page(s) has been compared with the record on file in this office, of which it purports to be a copy, and that it is full, true and correct.

**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of

NOV 20 2003



*Kevin Shelley*  
Secretary of State

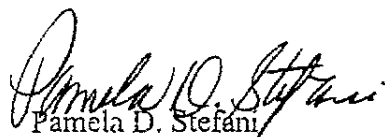
# STATE OF CALIFORNIA DEPARTMENT OF INSURANCE

San Francisco

I, JOHN GARAMENDI, Insurance Commissioner of the State of California, do hereby certify that on the date specified herein, the name **Revios Reinsurance U.S. Inc.** has been approved and reserved in California as a name change for Gerling Global Life Reinsurance Company for a period of 90 days from the date herein.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year specified below.

JOHN GARAMENDI  
Insurance Commissioner

By   
Pamela D. Stefani  
Senior Legal Analyst  
On Behalf Of  
Ida T. Zodrow  
Assistant Chief Deputy  
November 14, 2003

A California corporation must attach this Certificate to its Articles of Incorporation (Amendment) filed with the California Secretary of State.

Note: This certificate does not authorize the subject entity to transact business in California unless and until a Certificate of Authority or license has been issued.



STATE OF CALIFORNIA  
DEPARTMENT OF INSURANCE  
SAN FRANCISCO

Amended  
**Certificate of Authority**

THIS IS TO CERTIFY, *That, pursuant to the Insurance Code of the State of California,*

***Revios Reinsurance U.S. Inc.***

*of Los Angeles, California, organized under the laws of California, subject to its Articles of Incorporation or other fundamental organizational documents, is hereby authorized to transact within this State, subject to all provisions of this Certificate, the following classes of insurance:*

**Life and Disability**

*as such classes are now or may hereafter be defined in the Insurance Laws of the State of California.*

*THIS CERTIFICATE is expressly conditioned upon the holder hereof now and hereafter being in full compliance with all, and not in violation of any, of the applicable laws and lawful requirements made under authority of the laws of the State of California as long as such laws or requirements are in effect and applicable, and as such laws and requirements now are, or may hereafter be changed or amended.*

IN WITNESS WHEREOF, *effective as of the 23rd day of December, 2003,*  
*I have hereunto set my hand and caused my official seal to be*  
*affixed this 23rd day of December, 2003.*

Fee \$106.00

John Garamendi  
Insurance Commissioner

Rec. No.

Filed 11/26/03  
vss/grm

By

Victoria S. Sidbury  
for Ida Zodrow Asst. Chief Deputy

**Certification**

*I, the undersigned Insurance Commissioner of the State of California, do hereby certify that I have compared the above copy of Certificate of Authority with the duplicate of original now on file in my office, and that the same is a full, true, and correct transcript thereof, and of the whole of said duplicate, and said Certificate of Authority is now in full force and effect.*

IN WITNESS WHEREOF, *I have hereunto set my hand and caused my*  
*official seal to be affixed this 31st day of December, 2003.*

John Garamendi  
Insurance Commissioner

By *Pauline D'Andrea*  
Pauline D'Andrea