

PO6309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

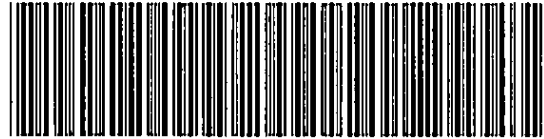
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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12/06/22--01008--028 **43.75

FILED
2022 DEC -6 AM 8:20
S. J. CUSHING

Name Change

FEB 27 2023

D CUSHING



Florida Division of Corporations
Amendment Section
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

December 5, 2022

Re: Foreign Corporation Name Change -
Prudential Retirement Insurance and Annuity Company

Hello,

Please accept this submission of application documentation from Prudential Retirement Insurance and Annuity Company ("PRIAC"). Enclosed are the Application form and a filing fee of \$43.75 for the filing fee and the certificate of status.

PRIAC, a Connecticut domiciled entity changed its legal name to Empower Annuity Insurance Company on October 3, 2022. In the event that it is useful, I have attached evidence of that change.

We are currently working with the Florida Office of Insurance Regulation on the name change in their records and they indicated that the name hadn't been changed yet with the Division of Corporations.

Please let me know if you need anything additional and thank you for your resources allocated to this review.

Sincerely,

David C. Larsen
Sr. Counsel, Corporate and Investments & Assistant Secretary
Empower Annuity Insurance Company

David C. Larsen
Senior Counsel and Assistant
Secretary

8525 E. Orchard Rd.
Greenwood Village, CO 80111

303-737-3106 direct
david.larsen@empower.com

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"EMPOWER" and all associated logos, and product names are trademarks of Empower Annuity Insurance Company of America

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Prudential Retirement Insurance and Annuity Company

Name of Corporation

DOCUMENT NUMBER: P06309

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

David C. Larsen

Name of Contact Person

Empower Retirement, LLC

Firm/Company

8525 E. Orchard Road

Address

Greenwood Village, CO 80111

City/State and Zip Code

david.larsen@empower.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David C. Larsen

at (303) 737-3106

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35 Filing Fee

☒ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2022 DEC -6 AM 9:20

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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)

P06309

(Document number of corporation (if known))

1. Prudential Retirement Insurance and Annuity Company
(Name of corporation as it appears on the records of the Department of State)
2. Connecticut 3. 06/04/1985
(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? 10/03/2022
5. Empower Annuity 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)

(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.

(New duration)

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

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

10. 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.



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

DAVID C. LARSEN
(Typed or printed name of person signing)

ASSISTANT SECRETARY
(Title of person signing)

FILING FEE \$35.00

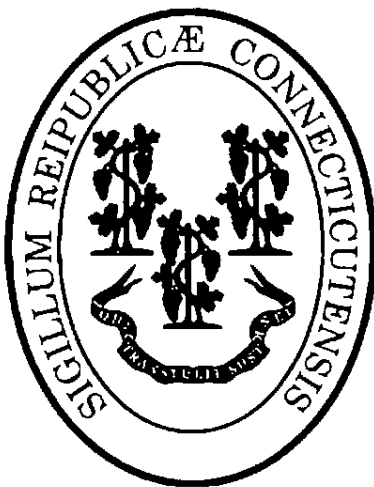
Secretary of the State of Connecticut

Mark F. Kohler

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify the annexed copy is a true copy of the record indicated below as filed in this office.

Certified Copy Details

Business Name	Empower Annuity Insurance Company
Filing Type	Certificate of Amendment
Number of Pages	2
Filing Date & Time	10/03/2022 12:00 PM



In testimony whereof, I have hereunto set my hand and caused the Seal of the State of Connecticut to be affixed at the City of Hartford on October 11, 2022.

A handwritten signature in black ink, reading "Mark F. Kohler", with a long horizontal flourish extending to the right.

Mark F. Kohler
Secretary of the State

Certificate ID: CP-00033238

To verify this certificate, visit: <https://service.ct.gov/business/s/verifycertificate>

Or visit Business.CT.gov, all business services, certificate request, and verify certificate.


Certificate of Amendment
to the
Restated Certificate of Incorporation
of
Prudential Retirement Insurance and Annuity Company

Prepared in accordance with Title 33, Corporations, of the Connecticut Annotated Statutes.

- (1) The name of the corporation is Prudential Retirement Insurance and Annuity Company.
- (2) Section 1 of the corporation's Restated Certificate of Incorporation is hereby deleted in its entirety and the following is substituted therefore:

"Section 1. The Empower Annuity Insurance Company is created a body politic and corporate and under that name shall have all the powers granted by the general statutes, as now enacted or hereafter amended, to corporations formed under the Connecticut Business Corporation Act."
- (3) This amendment is adopted on October 3, 2022.
- (4) This amendment was duly approved by the shareholder in the manner required by Connecticut Annotated Statutes §33-600 to §33-998, inclusive, and by the Restated Certificate of Incorporation.

IN WITNESS WHEREOF the undersigned has signed this Certificate of Amendment to the Restated Certificate of Incorporation and affirmed the statements contained herein as true under the penalties of perjury this 29th day of September, 2022.


Assistant Secretary
Brockett Hudson



STATE OF CONNECTICUT

INSURANCE DEPARTMENT

This is to Certify, that the Certificate of Amendment to the Amended and Restated Certificate of Incorporation of Prudential Retirement Insurance and Annuity Company, with respect to the change of name to Empower Annuity Insurance Company, has been reviewed and approved, effective August 24, 2022.

Witness my hand and official seal, at HARTFORD,

this 24th day of August, 2022

A handwritten signature in black ink, appearing to be "D. H.", written over a horizontal line.

Insurance Commissioner



www.ct.gov/cid
P.O. Box 816 Hartford, CT 06142-0816
Affirmative Action/Equal Employment Opportunity Employer