# P12054

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(Red	questor's Name)	
(Add	dress)	
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(City	//State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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(Doe	cument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to I	Filing Officer:	
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Amend + Nano Change

IJAN - 9 ZUIA I. CARTER



November 27, 2013

JUNE STRACENER
MITCHELL WILLIAMS LAW FIRM
5414 PINNACLE POINT DRIVE, SUITE 500
ROGERS, AR 72758 US

SUBJECT: PRESIDENTIAL LIFE INSURANCE COMPANY - USA

Ref. Number: P12054

We have received your document for PRESIDENTIAL LIFE INSURANCE COMPANY - USA and your check(s) totaling \$52.50. 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) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 113A00027355

## COVER LETTER

	mendment Section ivision of Corporations		
SUBJEC	T: Presidential Life Insurance	Company - USA	
	Name	of Corporation	<del>_</del>
DOCUM	IENT NUMBER: P12054		
The enclo	osed Amendment and fee are subm	itted for filing.	
Please ret	turn all correspondence concerning	this matter to the following:	
June St	racener		
	Name of Contact Person	<del></del>	
Mitchell	Williams Law Firm		
	Firm/Company		
5414 Pir	nnacle Point Drive, Suite 500		
	Address	· · · · · · · · · · · · · · · · · · ·	
Rogers,	AR 72758		
	City/State and Zip Code		
maureer	n.closson@avivausa.com		
E-ma	il address: (to be used for future annu	al report notification)	
For further	er information concerning this matt	er, please call:	
June Str	acener	479 464-5668	,
	Name of Contact Person	at (479 ) 464-5668 Area Code & Daytime Teleph	one Number
Enclosed	is a check for the following amoun		
\$35.0	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)
Division of P.O. Box	ent Section of Corporations	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

# 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)			TALLES
P12054		DEC <b>18</b>	
(Doct	ument number of corporation (if known)	2	11 m
1Presidential Life Insurance Company	y - USA	- 55	
(Name of corporation	n as it appears on the records of the Department of State)	<u></u>	D <sub>m</sub>
2. Delaware	<sub>3</sub> 11/6/1986		
(Incorporated under laws of)	3. 11/6/1986  (Date authorized to do business in Flo	orida)	
(4-7 сомр	SECTION II LETE ONLY THE APPLICABLE CHANGES)		
4. If the amendment changes the name of the its jurisdiction of incorporation? 10-25-	e corporation, when was the change effected under the la	ws of	
Accordia Life and Annuity Company			
(Name of corporation after the amendmen appropriate abbreviation, if not contained	nt, adding suffix "corporation," "company," or "incorpored in new name of the corporation)	ated," o	r
(If new name is unavailable in Florida, ent business in Florida)	ter alternate corporate name adopted for the purpose of tr	ansactii	ng
6. If the amendment changes the period of d	uration, indicate new period of duration.		
	(New duration)		
7. If the amendment changes the jurisdiction	of incorporation, indicate new jurisdiction.		
- *	lowa		
	(New jurisdiction)		
3. Attached is a certificate or document of si 90 days prior to delivery of the application having custody of oprporate records in the	imilar import, evidencing the amendment, authenticated in to the Department of State, by the Secretary of State or e jurisdiction under the laws of which it is incorporated.	not mor other o	e than fficial
Bignature of a director president or other of a receiver or other court appointed fidu	officer - if in the hands		
Maureen Closson	Secretary		
(Typed or printed name of person sign	ning) (Title of person signing)		



No: W00886624

Date: 12/17/2013

### SECRETARY OF STATE

490 DP-459934 ACCORDIA LIFE AND ANNUITY COMPANY

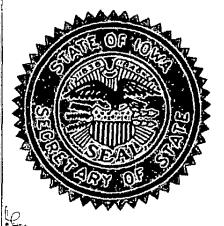
#### ACKNOWLEDGEMENT OF DOCUMENT FILED

The Secretary of State acknowledges receipt of the following document:

Miscellaneous Filing

The document was filed on Dec 17 2013 3:27PM, to be effective as of Dec 17 2013 3:27PM.

The amount of \$5.00 was received in full payment of the filing fee.



ETARY OF STATE

459934

### STATEMENT OF NAME CHANGE TO ACCORDIA LIFE AND ANNUITY COMPANY (F/K/A PRESIDENTIAL LIFE INSURANCE COMPANY – USA)

TO THE SECRETARY OF STATE OF THE STATE OF IOWA:

In order to clarify a recent name change, the undersigned corporation hereby files the following statement of name change:

- 1. The name of the corporation effective October 25, 2013 is Accordia Life and Annuity Company (the "Company"). This name change became effective upon filing of the Amended and Restated Articles of the Company with the Iowa Secretary of State, as approved by the Iowa Insurance Division.
- 2. The previous name of the Company was Presidential Life Insurance Company USA.

Dated as of this 17th day of December, 2013.

ACCORDIA LIFE AND ANNUITY COMPANY

By: \ \

Maureen H. 2losson

Senior Vice President, Associate General Counsel and

Secretary

FILED IOWA SECRETARY OF STATE

W886624

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