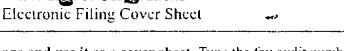
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Division of Corporate

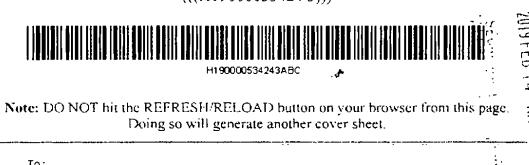
orida Department of State

Division of Corporations



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(((H190000534243)))



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From:

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\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

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COR AMND/RESTATE/CORRECT OR O/D RESIGN UNITED PROSPERITY LIFE INSURANCE COMPANY

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I ALBRITTON

55/662 From: James Tank

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February 15, 2019

FLORIDA DEPARTMENT OF STATE

UNITED PROSPERITY LIFE INSURANCE COMPANY
515 CONGRESS AVENUE
SUITE 2220
AUSTIN, TX 78701US

SUBJECT: UNITED PROSPERITY LIFE INSURANCE COMPANY

REF: P21193

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The enclosed certificate reflect the incorrect name and date in which the name change was filed.

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.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II FAX Aud. #: H19000053424 Letter Number: 319A00003288

### To Page 3 of 5

### 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)

P21193			
(Document	number of corporation (if known)	MIGHEB 14	
1. United Prosperity Life Insurance Company			
(Name of corporation as it a	appears on the records of the Department of State)	11 = 1	
2. Arizona	3. 19/06/1988	8.	
2. (Incorporated under laws of)	3. 10/06/1988 (Date authorized to do busin	ness in Florida)	
(4-7 COMPLETE  4. If the amendment changes the name of the corp	SECTION II ONLY THE APPLICABLE CHANGES)	deed to be seen	
its jurisdiction of incorporation? 8/16/2012	poration, when was the change effected und	ier the laws of	
5. Smart Insurance Company  (Name of corporation after the amendment, adappropriate abbreviation, if not contained in r	ding suffix "corporation " "company " or "	incorporated," or	
(If new name is unavailable in Florida, enter alt business in Florida)  6. If the amendment changes the period of duration		ose of transacting	
	(New duration)		
7. If the amendment changes the jurisdiction of in	ncorporation, indicate new jurisdiction.		
<del></del>	(New jurisdiction)		
8. Attached is a certificate or document of similar 90 days prior to delivery of the application to the having custody of corporate records in the juris	r import, evidencing the amendment, author he Department of State, by the Secretary of sdiction under the laws of which it is incorporated for other officer - if in the hands recourt appointed fiduciary, by that fiduciary)	nticated not more than State or other official orated.	
of a receiver or other			
Overlor printed name of person signing)	Secretary // Cittle of person class		



# STATE OF ARIZONA



## Office of the CORPORATION COMMISSION

The Executive Director of the Arizona Corporation Commission does hereby certify that the records of this agency show that

### UNITED PROSPERITY LIFE INSURANCE COMPANY

was incorporated or formed on the 28th day of February, 1972.

The Executive Director further certifies that the above named entity changed its name to:

### **SMART INSURANCE COMPANY**

on the 16th day of August, 2012.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission on this date: February 22, 2019.

Matthew Neubert, Interim Executive Director

By: Seticia Mm/o

**LETICIA ALONZO** 



