

5/8/2020

P 30160

Division of Corporations
Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

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To:

Division of Corporations
 Fax Number : (850)617-6388

From:

Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
 Fax Number : (954)208-0845

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

Email Address: _____

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2020 MAY -8 AM 9:52

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
 FINANCIAL AMERICAN LIFE INSURANCE COMPANY**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$43.75

2020 MAY -8 PM 12:04

Electronic Filing Menu

Corporate Filing Menu

Y SUKKEP
 MAY 11 2020

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)

P30160

(Document number of corporation (if known))

1. Financial American Life Insurance Company

(Name of corporation as it appears on the records of the Department of State)

2. Kansas

3.

07/11/1990

(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? 02/24/2020

5. Arch Life Insurance Company of America

(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 C T Corporation System

1200 South Pine Island Road

(Florida street address)

New Registered Office Address: Plantation, Florida 33324

(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.

Olga Hinkel - VP

Signature of New Registered Agent, if changing

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 TALLAHASSEE, FLORIDA

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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>
<hr/>	<hr/>	<hr/>	Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Add
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
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<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Remove
<hr/>	<hr/>	<hr/>	Add
<hr/>	<hr/>	<hr/>	<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)

Anna DeChristofaro

(Typed or printed name of person signing)

Corporate Secretary

(Title of person signing)

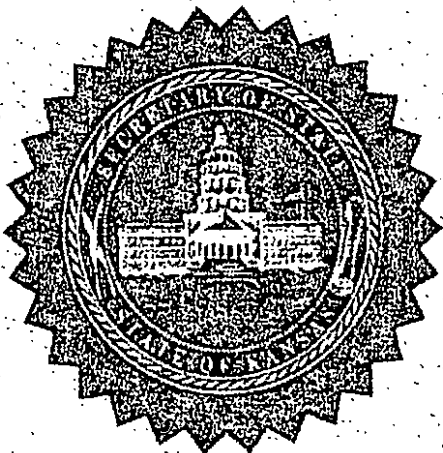
FILING FEE \$35.00

STATE OF KANSAS
OFFICE OF SECRETARY OF STATE

I, SCOTT SCHWAB, Kansas Secretary of State, certify that the records of this office reveal the following:

That FINANCIAL AMERICAN LIFE INSURANCE COMPANY is a regularly and properly organized insurance corporation under the laws of the state of Illinois, having been authorized in Kansas on the 31st day of March, A.D., 2004.

I FURTHER CERTIFY that a certificate of amendment was filed in this office February 24, 2020 changing the corporate name from FINANCIAL AMERICAN LIFE INSURANCE COMPANY to ARCH LIFE INSURANCE COMPANY OF AMERICA.



In testimony whereof:
I hereto set my hand and cause to be
affixed my official seal. Done at the
City of Topeka, this 30th day of
April, A.D., 2020.

Scott Schwab

SCOTT SCHWAB
KANSAS SECRETARY OF STATE



STATE OF KANSAS

INSURANCE DEPARTMENT

CERTIFICATE OF AUTHORITY

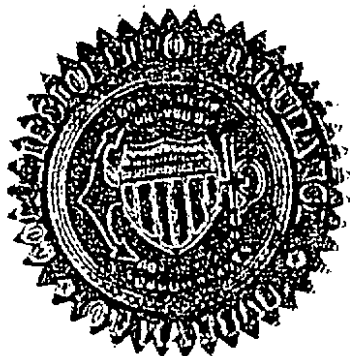
ARCH LIFE INSURANCE COMPANY OF AMERICA

A corporation organized under the laws of KANSAS with a registered corporate office at Topeka, Kansas has complied with all the requirements of the insurance laws of this state applicable to said company, and the said company is hereby authorized and empowered, through this Certificate of Authority, to transact the following lines of business, to wit:

* LIFE *

* ACCIDENT AND HEALTH *

within the State of Kansas from the 12th day of March, 2020 until such certificate is suspended, revoked or terminated by the Commissioner of Insurance of Kansas.



In Witness Whereof, I VICKI SCHMIDT, Commissioner of Insurance of Kansas, have hereunto affixed my signature and the seal of the Commissioner of Insurance, in the city of Topeka, Kansas, this 12th day of March, 2020.

Vicki Schmidt

Commissioner of Insurance

Fire - Casualty - Life