843244

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RE-SUBMIT

Please retain original filing date of submission 9/28

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 SEP 28 PM 1:47

COR AMND/RESTATE/CORRECT OR O/D RESIGN INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCI

Certificate of Status	0
Certified Copy	0
Page Count	~~05~~ 07
Estimated Charge	$35.00

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: *INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDENT*
Name of Corporation

DOCUMENT NUMBER: 843244

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Suzanne Elliott
Name of Contact Person

INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDENT
Firm/Company

3200 E. Memorial Road, Suite 100
Address

Edmond, Oklahoma 73013
City/State and Zip Code

compliance@iaclife.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suzanne Elliott at (405) 285-0838 ext. 611
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ $35.00 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)

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

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

September 29, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDEN
FAX FILE*CT CORPORATION SYSTEM**
PRAIRIE VILLAGE, KS 66208

SUBJECT: INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDENT
REF: 843244

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.

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 Cannon
Regulatory Specialist II

FAX Aud. #: H15000231941
Letter Number: 615A00020502

FILED
2015 SEP 29 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE-SUBMIT
Please retain original filing
date of submission 9/29

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 SEP 28 PM 1:47

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)

843244
(Document number of corporation (if known))

1. INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDENT
(Name of corporation as it appears on the records of the Department of State)

2. MO
(Incorporated under laws of)

3. 5/16/1979
(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?_____

5._____
(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.

Oklahoma
(New jurisdiction)

8. 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.

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

Suzanne Elliott
(Typed or printed name of person signing)

Assistant Vice President
(Title of person signing)

STATE OF MISSOURI

Jason Kander
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF CORPORATE RECORDS

INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDENT
I00164936

I, JASON KANDER, Secretary of State of the State of Missouri and Keeper of the Great Seal thereof, do hereby certify that the annexed pages contain a full, true and complete copy of the original documents on file and of record in this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 14th day of September, 2015.

JASON KANDER
Secretary of State

Certification Number: CERT-09142015-0051

Jeremiah W.(Jay) Nixon
Governor
State of Missouri

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

DIVISION OF INSURANCE COMPANY REGULATION

John F. Rehagen, Acting Division Director

Individual Assurance Company, Life Health & Accident
3200 E Memorial Road, Suite 100
Edmond, OK 73013

Mail: PO Box 30685
Edmond, OK 73003

Effective 9/8/2014 the above company redomesticated from Missouri to Oklahoma.

John M. Huff Director

ORI-12162014-1763 State of Missouri
No of Pages 3 Pages

Miscellaneous Document

IN THE DEPARTMENT OF INSURANCE, FINANCIAL INSTITUTIONS AND PROFESSIONAL REGISTRATION STATE OF MISSOURI

In Re:	)
	)
REDOMESTICATION OF INDIVIDUAL ASSURANCE COMPANY, LIFE, HEALTH & ACCIDENT (NAIC #81779)	)
	)
	)

FINAL ORDER FOR APPROVAL OF REDOMESTICATION

NOW, on this 8TH day of September, 2014, Director John M. Huff, after consideration and review of the request of Individual Assurance Company, Life, Health & Accident (NAIC #81779) (hereinafter "IAC") to redomesticate to the State of Oklahoma issues the following Findings and Orders pursuant to section 375.908, RSMo (2000) and 20 CSR 200-17.300.

Findings

1. On October 28, 2013, Individual Assurance Company, Life, Health & Accident sent a request to the Missouri Department of Insurance, Financial Institutions and Professional Registration (hereinafter "Department") to redomesticate to the State of Oklahoma.

2. IAC is a Missouri domestic insurance company and has a certificate of authority to transact the business of insurance in Missouri.

3. On October 28, 2013, IAC provided the Department with a copy of IAC's Certificate of Authority to do business in the State of Oklahoma issued by the Oklahoma Insurance Commissioner on March 1, 2003.

4. On June 4, 2014, the Oklahoma Insurance Commissioner approved the redomestication of IAC to Oklahoma.

5. IAC has satisfied all conditions for redomestication that were contained in the Order for Contingent Approval of Redomestication dated March 11, 2014.

6. The proposed transfer is not contrary to the interests of Missouri policyholders of IAC.

Order

IAC is granted final approval to redomesticate to the State of Oklahoma.

IT IS SO ORDERED.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of my office in Jefferson City, Missouri, this 8th day of September, 2014.

John M. Huff
Director