

F04000002834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

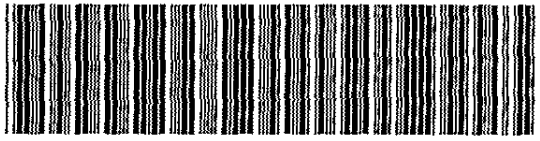
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

ap



200033435872

04/26/04--01065--006 **70.00

05/24/04

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 13 AM 8:22

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTHERN FINANCIAL LIFE INSURANCE CO
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida",
"Certificate of Existence", and check are submitted to register the above referenced foreign corporation to
transact business in Florida.

Please return all correspondence concerning this matter to the following:

W 04/16941

DAVID WAKELY
(Name of Person)

SOUTHERN FINANCIAL LIFE INSURANCE CO
(Firm/Company)

516 LAKEVIEW RD VILLA 2
(Address)

CLEARWATER, FL 33756
(City/State and Zip code)

For further information concerning this matter, please call:

DAVID WAKELY at (727) 442-4084
(Name of Person) (Area Code & Daytime Telephone Number)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 13 AM 8:22

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 4, 2004

DAVID WAKELY
SOUTHERN FINANCIAL LIFE INSURANCE COMPAN
516 LAKEVIEW RD VILLA 2
CLEARWATER, FL 33756

SUBJECT: SOUTHERN FINANCIAL LIFE INSURANCE COMPANY
Ref. Number: W04000016941

We have received your document for SOUTHERN FINANCIAL LIFE INSURANCE COMPANY and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence, which usually consists of a single sheet of paper and clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence from the same office that provided you with the certified copy.

The certificate is not specifically about insurance; it is usually issued by the Secretary of State, and states that the corporation was incorporated in that state and remains active on the records of that Secretary of State.

Please return 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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 404A00030004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 13 AM 8:22

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. SOUTHERN FINANCIAL LIFE INSURANCE COMPANY
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. LA (State or country under the law of which it is incorporated)
3. 59-2403689 (FEI number, if applicable)

4. JUNE 20, 1984 (Date of incorporation)
5. (Duration: Year corp. will cease to exist or "perpetual")

6. JANUAR 2, 2004
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 516 LAKEVIEW RD, VILLA 2, CLEARWATER, FL 33756
(Principal office address)

SAME
(Current mailing address)

8. ADMINISTRATION
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: DAVID WAKELY

Office Address: 516 LAKEVIEW RD, VILLA 2

CLEARWATER, Florida 33756
(City) (Zip code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 13 AM 8:22

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

[Handwritten signature of David Wakely]
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: DAVID N. WAKELY

Address: 516 LAKEVIEW RD, VILLA 2
CLEARWATER, FL 33756

Director
Vice-Chairman: GLENN F MOUTON

Address: SAME

Director: FRANCES B. WAKELY

Address: SAME

Director: NANETTE S. MOUTON

Address: SAME

B. OFFICERS

President: DAVID N. WAKELY

Address: 516 LAKEVIEW RD, VILLA 2
CLEARWATER, FL 33756

Vice President: GLENN F. MOUTON

Address: 516 LAKEVIEW RD, VILLA 2
CLEARWATER, FL 33756

Secretary: GLENN F. MOUTON

Address: SAME

Treasurer: DAVID N. WAKELY

Address: SAME

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 13 AM 8:22

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. *David Wakely*
(Signature of Director or Officer listed in number 12 of the application)

14. DAVID WAKELY - PRESIDENT
(Typed or printed name and capacity of person signing application)

A. DIRECTORS (cont)

Director: Susan W. Pike

Address: 516 Lakeview Rd, Villa 2, Clearwater, FL 33756

Director: Jane W. Hernke

Address: 516 Lakeview Rd, Villa 2, Clearwater, FL 33756

Director: Kathryn W. Ryan

Address: 516 Lakeview Rd, Villa 2, Clearwater, FL 33756

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 13 AM 8:22

SOUTHERN FINANCIAL
LIFE INSURANCE COMPANY

May 13, 2004

Florida Department of State
Division of Corporations
Attn: Brenda Tadlock
P O Box 6327
Tallahassee, FL 32314

Re: Southern Financial Life Insurance Company
Letter Number: W04000016941

Dear Ms. Tadlock:

Following our phone conversation this morning, I spoke with our analyst at the Louisiana Insurance Department. He informed me that he had made two calls to the Louisiana Department of State and was told, as I was, that the Department of State did not deal with insurance companies. He also advised that the Certificate of Authority was the only document that the Insurance Department issues to verify existence of a company.

Thank you for your assistance. If any further information is required, please do not hesitate to contact us.

Sincerely,



Ginger Karagas
Assistant Secretary

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 13 AM 8:22

State of Louisiana



J. ROBERT WOOLEY

COMMISSIONER OF INSURANCE

I, THE UNDERSIGNED COMMISSIONER OF INSURANCE OF THE STATE OF LOUISIANA,
DO HEREBY CERTIFY THAT

The attached is a true and correct copy of the Certificate of Authority for
SOUTHERN FINANCIAL LIFE INSURANCE COMPANY, of Louisiana, on
file in my office.

FILED
SECRETARY OF STATE'S
DIVISION OF CORPORATIONS
04 MAY 13 AM 8:33

Given Under my signature, authenticated with the impress of my
Seal of office, at the City of Baton Rouge, this, 20th day
of April A.D. 2004

J. Robert Wooley
Commissioner of Insurance



SHERMAN A. BERNARD
COMMISSIONER

State of Louisiana

COMMISSIONER OF INSURANCE
BATON ROUGE

Company's Certificate of Authority

Whereas, the SOUTHERN FINANCIAL LIFE INSURANCE COMPANY
located at Lafayette, Louisiana
has applied for a certificate of authority and made the filings required of such Insurer:

Therefore, I, **Sherman A. Bernard**, the undersigned, Commissioner of Insurance, do hereby
certify that the said SOUTHERN FINANCIAL LIFE INSURANCE COMPANY
is authorized to transact its appropriate business of _____

LIFE, HEALTH AND ACCIDENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAY 13 AM 8:23

_____ Insurance in this State,
in accordance with the laws thereof. This certificate shall remain in effect until cancelled, suspended,
revoked, or the renewal thereof refused.

In Testimony Whereof, I hereunto subscribe my
name, and affix the seal of my office at Baton Rouge,

this 20th

day of June A. D. 1984

S/SHERMAN A. BERNARD

Commissioner of Insurance