# F15000003068

	(Requestor's Name)			
	(Address)			
	(Address)			
<b></b>	(City/State/Zip/Phone #)			
PICK-U	P WAIT	MAIL		
	(Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				

Office Use Only



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JUL 1 5 2015 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 619224 \_\_ 78

AUTHORIZATION : STEER CONTROL

COST LIMIT : '\$' 70'.00

ORDER DATE: May 6, 2015

ORDER TIME : 9:02 AM

ORDER NO. : 619224-020

CUSTOMER NO: 7842955

#### FOREIGN FILINGS

NAME: BANKERS LIFE SECURITIES GENERAL AGENCY, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT# 62940

EXAMINER:

#### **COVER LETTER**

	O: New Filing Section Division of Corporations				
SUBJEC	T: Bankers Life Securities General	Agency, Inc.			
002020		poration - must include suffix			
Dear Sir o	r Madam:				
"Certificat		ntion for Authorization to Transact Business in Florida," ood Standing" and check are submitted to register the ct business in Florida.			
Please retu	irn all correspondence concerning th	is matter to the following:			
	<u> </u>	Name of Person			
Corporation	on Service Company				
	F	irm/Company			
2711 Cent	terville Road, Suite 400				
		Address			
Wilmingto	n, DE 19808				
	City	//State and Zip code			
	E mail address (to)	be used for future annual report notification)			
	E-man address: (to t	be used for future annual report notification)			
For further	information concerning this matter,	please call:			
N	ame of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
Enclosed is	s a check for the following amount:				
□ \$70.00	Filing Fee				

### 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.

	orporation; must include "INCORPORATED orp," "Inc," "Co," or "Corp.")	," "COMPANY," "CORPORATION,"		
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting bus	iness in Florida)	
Indiana	3	47-3850374 3.		
(State or country under the law of which it is incorporated		(FEI number, if applicable)		
04/10/2015	5	perpetual		
(Date	of incorporation)	(Duration: Year corp. will cease to exist	or "perpetual")	
Upon filing				
		in Florida, if prior to registration)		
		502, F.S., to determine penalty liability)		
111 East Wacke	er Drive, #2100, Chicago, IL 60601			
	(Principal office add	dress)		
11825 North Pe	nnevivania Street Carmel IN 46032			
	ennsylvania Street, Carmel, IN 46032			
	(Current mailing add	dress)		
	(Current mailing add			
	(Current mailing added address of Florida registered agent: (P.			
	(Current mailing add			
Name and stree	(Current mailing added address of Florida registered agent: (P.			
Name and <u>stree</u> Name:	(Current mailing address of Florida registered agent: (P. Corporation Service Company  1201 Hays Street	O. Box <u>NOT</u> acceptable)		
Name and <u>stree</u> Name:	(Current mailing address of Florida registered agent: (P. Corporation Service Company 1201 Hays Street Tallahassee	O. Box <u>NOT</u> acceptable)		
Name and stree	(Current mailing address of Florida registered agent: (P. Corporation Service Company  1201 Hays Street	O. Box <u>NOT</u> acceptable)	2015 JUL	
Name and <u>stree</u> Name: fice Address:	(Current mailing address of Florida registered agent: (P. Corporation Service Company 1201 Hays Street Tallahassee	O. Box <u>NOT</u> acceptable)	2015 JUL 14	
Name and stree  Name:  Tice Address:  Registered age  wing been name  signated in this  rther agree to contest, and I am f	(Current mailing address of Florida registered agent: (P. Corporation Service Company  1201 Hays Street  Tallahassee  (City)  ent's acceptance:  eed as registered agent and to accept service application, I hereby accept the appoint omply with the provisions of all statutes familiar with and accept the obligations.	O. Box NOT acceptable) , Florida 32301 (Zip code)  vice of process for the above stated continent as registered agent and agree to relative to the proper and complete pe	act in this capacity.	
Name and stree  Name:  Tice Address:  Registered age  wing been name  signated in this  rther agree to contest, and I am f	(Current mailing address of Florida registered agent: (P. Corporation Service Company  1201 Hays Street  Tallahassee  (City)  ent's acceptance: ed as registered agent and to accept servapplication, I hereby accept the appoint omply with the provisions of all statutes	O. Box NOT acceptable) , Florida 32301 (Zip code)  vice of process for the above stated continent as registered agent and agree to relative to the proper and complete pe	act in this capacity.	

10. 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.

11. Names and business addresses of officers and/or directors:			
A. DIRECTORS	·		
Chairman:			
Address:			
Vice Chairman:			
Address:			
*See attached			
Director:			
Address:			
Director:			
Address:			
B. OFFICERS  President: *See attached			
Address:	• .	<b>t</b> -2	
Vice President:	<u> </u>		Pks or
Address:	CO COL	<del>-</del>	4470
	# # # # # # # # # # # # # # # # # # #	7	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Secretary:	22	<u>ရှာ</u> ယ	43,
Address:	<u> </u>		•
Treasurer:			
Address:		<del></del>	
NOTE: If necessary, you may attach an addendum to the application listing ad	ditional officers and/or directo	ors.	
12. Kul Wkindig Signature of Director or Officer			
Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 a are true and that he or she is aware that false information submitted in a docum a third degree felony as provided for in s.817.155, F.S.			
13. Karl W. Kindig, Secretary			
(Typed or printed name and capacity of person signing	application)		

#### BANKERS LIFE ADVISORY SERVICES, INC.

#### **Directors**

Scott L. Goldberg 678 Longwood Avenue Glencoe, Illinois 60022

Scott R. Perry 816 West Lill Chicago, Illinois 60614

#### **Officers**

Scott L. Goldberg 678 Longwood Avenue Glencoe, Illinois 60022

Erik M. Helding 3250 Whispering Pines Lane Carmel, IN 46032

David D. Humm 1016 Summer Hill Carmel, Indiana 46032

Karl W. Kindig 14027 Pondview Drive Carmel, IN 46032 President

Senior Vice President and Treasurer

Vice President,

Corporate Taxes

Secretary

CLUSTARY OF STATE



#### FLORIDA OFFICE OF FINANCIAL REGULATION

www.FLOFR.com

#### DREW J. BREAKSPEAR COMMISSIONER

June 3, 2015

Ms. Kathy Hancock 11825 North Pennsylvania St. Cannel, IN 46032

Re: Bankers Life Securities General Agency, Inc.

Dear Ms. Hancock:

Thank you for your recent correspondence requesting approval for use of the above-referenced name.

It is the opinion of this Office that the corporate name (Bankers Life Securities General Agency, Inc.) is definitive enough to differentiate the business being conducted from that of a commercial bank, trust company or credit union. Therefore, the Office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida. However, this does not give one the authority to act in any licensed capacity until all licensing requirements have been met within this state.

Sincerely,

M. Barry Gilman

Director

Division of Financial Institutions

BG/dlb

cc: Brenda Tadlock, Chief, Bureau of Commercial Recordings, Division of Corporations, Department of State

## STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greetings:

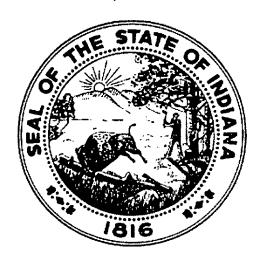
l, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

#### BANKERS LIFE SECURITIES GENERAL AGENCY, INC.

duly filed the requisite documents to commence business activities under the laws of State of Indiana on April 10, 2015, and was in existence or authorized to transact business in the State of Indiana on May 21, 2015.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Twenty-First Day of May, 2015.

Corne James

Connie Lawson, Secretary of State

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