

FIS 000 004199

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

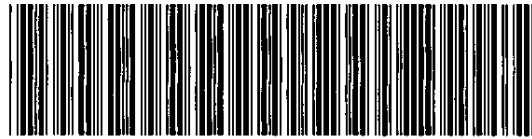
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

SEP 23 2015

J SHIVERS

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE 789137 7652832

AUTHORIZATION *Lydia Cohen*

COST LIMIT : \$ 70.00

ORDER DATE : September 18, 2015

ORDER TIME : 10:31 AM

ORDER NO. : 789137-005

CUSTOMER NO: 7652832

FOREIGN FILINGS

NAME: CLEAR SPRING LIFE INSURANCE
COMPANY

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lydia Cohen -- EXT# 62974

EXAMINER: _____

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. Clear Spring 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. Texas 3. 47-3023521
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 30, 2015 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 401 Pennsylvania Parkway, Suite 300, Indianapolis, IN 46280
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Chief Financial Officer

Box 6200 32314-6200

Office Address: 200 E. Gaines St.

Tallahassee, Florida 32399
(City) (Zip code)

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9. 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.

(Registered agent's signature)

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: See attached

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: See attached

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

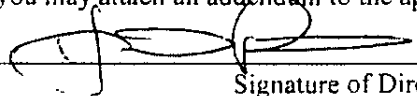
Treasurer: _____

Address: _____

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DEPARTMENT OF STATE

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

12. _____



Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. James D. Purvis, Chief Operating Officer

(Typed or printed name and capacity of person signing application)

CLEAR SPRING LIFE INSURANCE COMPANY

**Attachment to
Application by Foreign Corporation for Authorization
To Transact Business in Florida**

11A. Directors:

<u>Name</u>	<u>Address</u>
Donald C. Caccipaglia	330 Madison Ave. 10 th Floor New York, NY 10017
Jeffrey S. Lange	330 Madison Ave. 10 th Floor New York, NY 10017
Alejandro Longoria	227 West Monroe Street Suite 4900 Chicago, IL 60606
David L. Korman	227 West Monroe Street Suite 4900 Chicago, IL 60606
David J. Towriss	401 Pennsylvania Parkway Suite 300 Indianapolis, IN 46280

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11B. Names and Business Addresses of Officers:

Officers:

<u>Name/Address</u>	<u>Office</u>
Daniel J. Towriss 401 Pennsylvania Parkway Suite 300 Indianapolis, IN 46280	Chief Executive Officer and President
James D. Purvis 401 Pennsylvania Parkway Suite 300 Indianapolis, IN 46280	Chief Operating Officer
David B. Montgomery 401 Pennsylvania Parkway Suite 300 Indianapolis, IN 46280	Controller and Treasurer
Erich E. Schram 330 Madison Ave. 18 th Floor New York, NY 10017	Chief Investment Officer
James L. Foorman 227 West Monroe Street Suite 4900 Chicago, IL 60606	Secretary

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OFFICE OF ASSISTANT SECRETARY
OF STATE



TEXAS DEPARTMENT OF INSURANCE

Financial Regulation Division - Company Licensing and Registration (305-2C)
333 Guadalupe, Austin, Texas 78701 ★ PO Box 149104, Austin, Texas 78714-9104
(512) 676-6400 | F: (512) 490-1035 | (866) 554-4926 | TDI.texas.gov | @TexasTDI

STATE OF TEXAS §
 §
COUNTY OF TRAVIS §

The Commissioner of Insurance, as the chief administrative and executive officer and custodian of records of the Texas Department of Insurance has delegated to the undersigned the authority to certify the authenticity of documents filed with or maintained by or within the custodial authority of the Company Licensing and Registration Office of the Texas Department of Insurance.

Therefore, I hereby certify that the attached documents are true and correct copies of the documents described below. I further certify that the documents described below are filed with or maintained by or within the custodial authority of the Company Licensing and Registration Office of the Texas Department of Insurance.

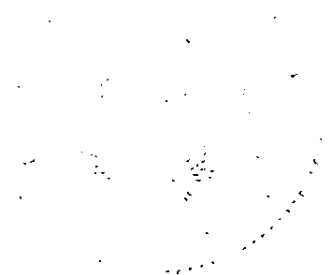
Current certificate of authority for CLEAR SPRING LIFE INSURANCE COMPANY, Austin, Texas, dated January 30, 2015.

IN TESTIMONY WHEREOF, witness my hand and seal of office at Austin, Texas, this 21st day of September, 2015.

DAVID C. MATTAX
COMMISSIONER OF INSURANCE

BY: Jeff Hunt
Jeff Hunt, Admissions Officer
Company Licensing and Registration Office
Commissioner's Order No. 10-1042

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J. C. G. 11



Texas Department of Insurance Certificate of Authority

License no. 13764948

Licensed since: January 30, 2015

Department Certification

Clear Spring Life Insurance Company
(domestic stock life company)
organized under the laws of the state of Texas

This entity has complied with the laws of the state of Texas as applicable, and is authorized to transact the following lines of insurance:

Life, Variable Annuities and Variable Life

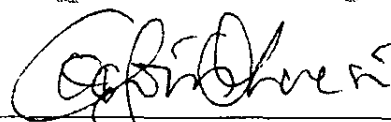
This certificate of authority is in full force and effect until it is revoked, canceled, or suspended according to law.

Given under my hand and official seal of office
in the city of Austin,

January 30, 2015

DAVID C. MATTAX
COMMISSIONER OF INSURANCE

BY



Godwin Ohaechesi, Director
Company Licensing and Registration
Commissioner's order no. 3632

