

3/3/2021

Failed

Florida Department of State
Division of Corporations
Electronically Filed

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H21000087608 3))



H210000876083ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

2021 MAR -4 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FL
FILED

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION INVESTORS LIFE INSURANCE CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

RECEIVED
2021 MAR -4 AM 7:32

Electronic Filing Menu

Corporate Filing Menu

Help

US
3/5/21

H21000087608 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Investors Life Insurance Corporation
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," or "Certificate of Good Standing" 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:

Amy Pomeroy
Name of Person

6105 Spirit Lake Road
Firm/Company

6105 Spirit Lake Road
Address

Winter Haven, FL 33880
City/State and Zip code

apome26672@aol.com
E-mail address: (to be used for future annual report notification)

2021 MAR -4 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

For further information concerning this matter, please call:

IMPORTANT: The email address entered here will be utilized for future annual report notifications and possibly other NOTIFICATIONS from the STATE to the entity!

_____ at (855) 498 - 5500
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$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

H21000087608 3

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. Investors Life Insurance Corporation

(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. Turks & Caicos Islands 3. _____ (FEI number, if applicable)

4. 12/14/1994 5. _____ (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. 6105 Spirit Lake Road, Winter Haven, FL 33880 (Principal office street address)

(Current mailing address, if different)

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

Name: Amy Pomeroy

Office Address: 6105 Spirit Lake Road

Winter Haven, Florida 33880
(City) (Zip code)

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.

/s/ Amy Pomeroy

(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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

H21000087608 3

FILED
2021 MAR -4 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FL

H21000087608 3

A. DIRECTORS

Chairman Name: Fred J. Boling, Jr.

Vice Chairman Address: 24 Tophet Road

Director Lynnfield, MA 01940

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Amy Pomeroy

Vice Chairman Address: 6105 Spirit Lake Road

Director Winter Haven, FL 33880

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Amanda S. Conner

Vice Chairman Address: 6105 Spirit Lake Road

Director Winter Haven, FL 33880

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

FILED
 2021 MAR -4 PM 4:45
 SECRETARY OF STATE
 TALLAHASSEE, FL

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: _____

Vice Chairman Address: _____

Director _____

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. /s/ Fred J. Boling, Jr.
 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. Fred J. Boling, Jr., Chairman
 (Typed or printed name and capacity of person signing application)

H21000087608 3

H21000087608 3



TURKS AND CAICOS ISLANDS COMPANIES ORDINANCE 2017

CERTIFICATE OF GOOD STANDING

(Section 294)

The REGISTRAR OF COMPANIES, of the Turks and Caicos Islands, HEREBY CERTIFIES that, pursuant to the Turks and Caicos Islands Companies Ordinance 2017, at the date of this certificate, the company

INVESTORS LEE INSURANCE CORPORATION

Company Number TC014304

1. Is on the Register of Companies;
2. Has paid all fees and penalties due under the Ordinance;
3. Has not filed articles of merger or consolidation that have not yet become effective;
4. Has not filed articles of arrangement that have not yet become effective;
5. Is not in voluntary liquidation;
6. Is not in liquidation under the Insolvency Ordinance 2017;
7. Is not in receivership under the Insolvency Ordinance 2017;
8. Is not in administrative receivership; and
9. Proceedings to strike the name of the company off the Register of Companies have not been instituted.

2021 FEB -4 PM 4:45
FILED
STATE

Peronia Browne
Peronia Browne
for Registrar of Companies
12th day of February, 2021

To authenticate this certificate visit <https://registry.tcibsc.tc/registry>, enter the unique document number (located at the bottom left hand corner of this document), then follow the instructions displayed.