

# F98000006936

## TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: MISSION LIFE INSURANCE COMPANY OF AMERICA  
(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:

Brian R. Herrick  
(Name of Person)  
MISSION LIFE INSURANCE COMPANY OF AMERICA  
(Firm/Company)  
9235 Katy Freeway, Suite 400  
(Address)  
Houston, Texas 77024  
(City/State/Zip)

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DIVISION OF CORPORATIONS

mtm  
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Should you need to call someone concerning this matter, please call:

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-12/21/98--01082--001  
\*\*\*\*\*52.50 \*\*\*\*\*52.50

Brian R. Herrick at ( 713 ) 984-1517 Ext. 1352  
(Name of Person) (Area Code & Daytime Telephone Number)

### STREET ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

### MAILING ADDRESS:

Qualification/Tax Lien 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

\*\$52.50 Filing Fee and 2 Certificates of Status (Registered Agent is Insurance Commissioner).

**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. MISSION LIFE INSURANCE COMPANY OF AMERICA  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Texas 3. 23-2683617  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/4/81 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. WE HAVE NOT CONDUCTED BUSINESS IN FLORIDA IN THE PAST.  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. Post Office Box 19900,  
Houston, Texas 77224  
(Current mailing address)

8. LIFE INSURANCE COMPANY  
(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: N/A

Office Address: Florida Insurance Commissioner

is Agent for Service of Process

, Florida,  
(Zip code)

**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.*

\_\_\_\_\_  
(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.

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12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: MICHAEL R. EARTHMAN

Address: 9235 KATY FREEWAY, HOUSTON, TEXAS 77024

Director  
Vice Chairman: DONALD C. EARTHMAN

Address: 9235 KATY FREEWAY, HOUSTON, TEXAS 77024

Director: ROBERT L. BEISENHERTZ

Address: 9235 KATY FREEWAY, HOUSTON, TEXAS 77024

Director: BRIAN R. HERRICK

Address: 9235 KATY FREEWAY, HOUSTON, TEXAS 77024

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: MICHAEL R. EARTHMAN

Address: 9235 KATY FREEWAY, HOUSTON, TEXAS 77024

Vice President: DONALD C. EARTHMAN

Address: 9235 KATY FREEWAY, HOUSTON, TEXAS 77024

Secretary: BRIAN R. HERRICK


Address: 9235 KATY FREEWAY, HOUSTON, TEXAS 77024

Treasurer: DONALD C. EARTHMAN

Address: 9235 KATY FREEWAY, HOUSTON, TEXAS 77024

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

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. BRIAN R. HERRICK, VICE PRESIDENT, GENERAL COUNSEL & SECRETARY  
(Typed or printed name and capacity of person signing application)



# Texas Department of Insurance

333 Guadalupe Street P.O. Box 149104 Austin, Texas 78714-9104  
512/463-6169

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 Insurer Services Division 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 Insurer Services Division of the Texas Department of Insurance.

Current Certificate of Authority for MISSION LIFE INSURANCE COMPANY OF AMERICA, Houston, Texas, No. 11989, dated September 3, 1998, consisting of one (1) page.

IN TESTIMONY WHEREOF, witness my hand and seal of office at Austin, Texas, this 29<sup>th</sup> day of September, 1998.

ELTON BOMER  
COMMISSIONER OF INSURANCE

BY:

M.J. (Mike) Arendall  
Admissions Officer  
Insurer Services Division  
Order No. 96-1276

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# Texas Department of Insurance



Certificate No. 11989

Company No. 01-045695

## Certificate of Authority

THIS IS TO CERTIFY THAT

MISSION LIFE INSURANCE COMPANY OF AMERICA

HOUSTON, TEXAS

has complied with the laws of the State of Texas applicable thereto and is hereby authorized to transact the business of

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insurance within the state of Texas. This Certificate of Authority shall be in full force and effect until it is revoked, canceled or suspended according to law.

IN TESTIMONY WHEREOF, witness my hand and seal of  
office at Austin, Texas, this

3rd day of September A.D. 1998

ELTON BOMER  
COMMISSIONER OF INSURANCE

BY

Kathy A. Wilcox  
Director  
Insurer Services