

801823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

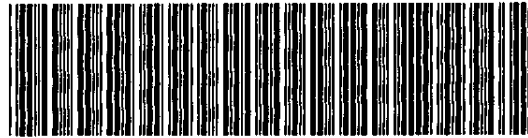
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status

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12/09/10--01017--007 **43.75

Amend

FILED
10 DEC -9 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Roberts DEC 13 2010



CNO FINANCIAL GROUP

CNO Services, LLC

11825 N. Pennsylvania Street
Carmel, IN 46032

CNOinc.com

December 2, 2010

VIA OVERNIGHT MAIL

Florida Department of State
Amendment Sect/Div of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Washington National Insurance Company
Redomestication from Illinois to Indiana

Dear Sir or Madam:

Enclosed for filing please find an original and one copy of an Application by Foreign Profit Corporation to file Amendment to Application for Authorization to Transact Business for Washington National Insurance Company reflecting the change of domicile from Illinois to Indiana. Also enclosed is a check made payable to the Florida Secretary of State in the amount of \$43.75 for the filing fee of \$35.00 and Certificate of Status fee of \$8.75.

Please return a file-stamped copy to me in the self-addressed, stamped envelope enclosed for your convenience, at the following address: Kathy Hancock, J1J, CNO Services, LLC, 11825 North Pennsylvania Street, Carmel, Indiana 46032.

Please call me if you should have any questions. Thank you for your assistance.

Very truly yours,

Kathy Hancock
Corporate Paralegal
Tel. 317-817-4028
Fax: 317-817-5828
e-mail: kathy.hancock@CNOinc.com

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Washington National Insurance Company
Name of Corporation

DOCUMENT NUMBER: 801823

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kathy Hancock, JIS
Name of Contact Person

CNO Services, LLC
Firm/Company

11825 N. Pennsylvania Street
Address

Carmel, Indiana 46032
City/State and Zip Code

karl.kindig@cnoinc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Hancock at (317) 817-4028
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

801823
(Document number of corporation (if known))

1. Washington National Insurance Company
(Name of corporation as it appears on the records of the Department of State)
2. Illinois
(Incorporated under laws of)
3. 10/24/1923
(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____
5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

Indiana
(New jurisdiction)
8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Karl W Kindig
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

KARL W. KINDIG
(Typed or printed name of person signing)

SECRETARY
(Title of person signing)

70319

Department of Insurance

State of Indiana

OFFICE OF

Insurance Commissioner



CERTIFICATE OF AUTHORITY

Washington National Insurance Company, Carmel, Indiana, September 30, 2000

Whereas, The Washington National Insurance Company, Carmel, Indiana, having complied with all the requirements of the laws regulating Life Insurance Companies doing business in the State of Indiana.

Therefore, as Insurance Commissioner of the State of Indiana, by virtue of authority vested in me by law, I do hereby authorize, empower and license the above named company to transact its appropriate business of:

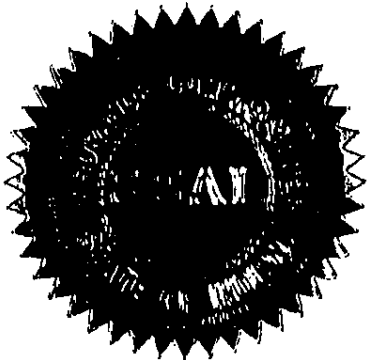
Class 1 (a) (b) (c)

through its duly authorized agents in the State of Indiana, in accordance with the laws thereof which are applicable to said Company.

IN TESTIMONY WHEREOF I hereunto
subscribe my name and affix the seal of my
office the date written above.

Stephen W. Robertson

ACTING INSURANCE COMMISSIONER



Applicant Name: Washington National Insurance Company

NAIC No: 70319
FEIN: 36-1933760

Uniform Certificate of Authority Application (UCAA)

Certificate of Compliance


State of Indiana Office of the Insurance Commissioner.

I, Stephen W. Robertson, hereby certify that I am the* Insurance Commissioner, of the State of Indiana and I have supervision of insurance business in said State and as such I hereby certify that Washington National Insurance Company of Carmel, Indiana is duly organized under the laws of said State and is authorized to transact the business* of Class I (a)(b)(c) insurance in this State.

IN TESTIMONY WHEREOF, I have hereunto set my hand at Indianapolis,

Indiana on this 27th day of October, 2010.


Insurance Commissioner


Stephen W. Robertson
(printed name)

- * Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.
- ** Lines of Insurance as shown on Form 3 of UCAA