

846027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

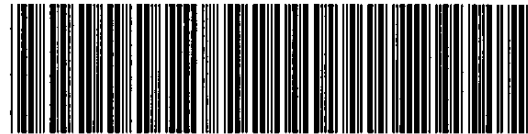
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/02/06--01055--022 **43.75

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Karf
HC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CICA LIFE Insurance Company of America
(Name of Corporation)

DOCUMENT NUMBER: 846027

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy S. Inman

(Name of Contact Person)

CICA LIFE Insurance Company of America
(Firm/Company)

400 East Anderson Lane

(Address)

Austin, Texas 78752

(City/State and Zip Code)

For further information concerning this matter, please call:

Amy S. Inman

(Name of Contact Person)

at (512) 837-7100

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2006

MARCIA F EMMONS
400 E ANDERSON LN
AUSTIN, TX 78752

SUBJECT: CITIZENS INSURANCE COMPANY OF AMERICA
Ref. Number: 846027

We have received your document for CITIZENS INSURANCE COMPANY OF AMERICA and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you filled out to change the corporate name is not correct. I am sending you the correct forms please fill them out and send it back to me.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6927.

Tracy Smith
Document Specialist

Letter Number: 706A00032494

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)

846027

(Document number of corporation (if known))

1. Citizens Insurance Company of America
(Name of corporation as it appears on the records of the Department of State)
2. Colorado 3. May 19, 1980
(Incorporated under laws of) (Date authorized to do business in Florida)

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TALLAHASSEE FLORIDA
SECRETARY OF STATE

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? August 10, 2005

5. CICA LIFE Insurance Company of America
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

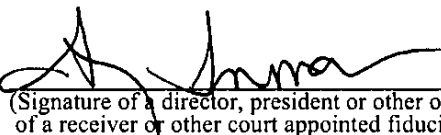
(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

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.

(New jurisdiction)

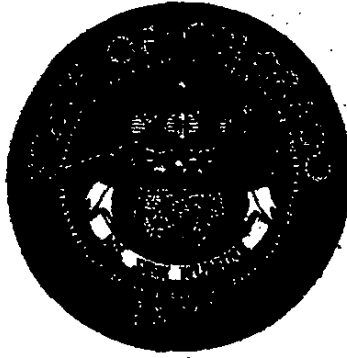

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Amy S. Inman

(Typed or printed name of person signing)

Secretary

(Title of person signing)



Division of Insurance

DEPARTMENT OF REGULATORY AGENCIES
CERTIFICATE OF AUTHORITY

This is to Certify that the

CICA Life Insurance Company of America,

organized under the laws of Colorado,

subject to its Articles of Incorporation or other fundamental organizational documents and in consideration of its compliance with the laws of Colorado, is hereby licensed to transact business as a

Life

insurance company, for the lines of business designated below:

Accident and Health

Annuities

Credit (Life, Accident & Health)

General Life

as provided by the Insurance Laws of Colorado, as amended, so long as the insurer continues to conform to the authority granted by its Certificate and its corporate articles, or its Certificate is otherwise revoked, cancelled or suspended.

In Witness Whereof, I have hereunto set my hand and caused the official seal of my office to be affixed at the City and County of Denver, this 10th Day of August 2005

