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LIFE INSURANCE COMPANY OF THE SOUTHWEST

1300 WEST MOCKINGBIRD LANE
DALLAS, TEXAS 75247-4921
214-638-7100

February 24, 2000

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-02/29/00--01086--007
*****87.50 *****87.50

Florida Department of State
Division of Corporations
200 East Gaines Street
Tallahassee, FL 32399-0300

RE: Certificate of Existence for Insurance Investors Life Insurance Company

Dear Department:

Enclosed please find Insurance Investors Life's application for Certificate of Existence in the state of Florida. Also enclosed is the \$87.50 required filing fee.

Please note that the registered agent's signature is not included on page 2. Since our appointment for a registered agent is the Commissioner of Insurance we were told this application would be accepted without his signature.

If you have any questions please do not hesitate to contact me directly at (214) 638-9295.

Sincerely,

Donna Kvapil
HR/Legal Assistant

Enclosures

AL

00 FEB 29 PM 1:00

RECEIVED
DIVISION OF CORPORATIONS
FEB 29 2000

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Insurance Investors Life Insurance Company
(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:

Susan J. Jennings

(Name of Person)

Insurance Investors Life Insurance Company

(Firm/Company)

1300 W. Mockingbird Lane

(Address)

Dallas, Texas 75247

(City/State/Zip)

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

Susan J. Jennings at (214) 638-9301

(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

FILED
STATE
DIVISION OF CORPORATIONS
00 FEB 29 PM 1:00

**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. Insurance Investors Life Insurance Company
(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. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. June 11, 1973 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. n/a
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 1300 W. Mockingbird Lane
Dallas, Texas 75247
(Current mailing address)
8. Life and health insurance
(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: Florida Insurance Commissioner Bill Nelson
Office Address: 200 East Gaines Street
Tallahassee, Florida, 32399-0300
(Zip code)

RECEIVED
DEPARTMENT OF STATE
FEB 19 11:00 AM '73

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.

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: James A. Mallon William A. Smith Direcotr

Address: 1 National Life Drive (same)
Montpelier, VT 05604

Vice Chairman: _____

Address: _____

Director: Rodney A. Buck Joseph M. Rob

Address: 1 National Life Drive (same)
Montpelier, VT 05604

Director: Wade H. Mayo Carl J. Lutz

Address: 1300 W. Mockingbird Lane (same)
Dallas, Texas 75247

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

President: Wade H. Mayo

Address: 1300 W. Mockingbird Lane, Dallas, Texas 75247

Sr. Vice President: Carl J. Lutz

Address: 1300 W. Mockingbird Lane, Dallas, Texas 75247

Secretary: Susan J. Jennings

Address: 1300 W. Mockingbird Lane, Dallas, Texas 75247

Treasurer: Michael G. Goni

Address: 1300 W. Mockingbird Lane, Dallas, Texas 75247

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

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

14. Susan J. Jennings, Secretary
(Typed or printed name and capacity of person signing application)

00 FEB 29 PM 1:00
RECEIVED
STATE OF
NEW YORK
SECRETARY OF STATE



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 Company Licensing and Registration Division of the Texas Department of Insurance.

00 FEB 29 PM 1:00
SECTION OF REGISTRATIONS
ADMISSIONS

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 Division of the Texas Department of Insurance.

Current Certificate of Authority for INSURANCE INVESTORS LIFE INSURANCE COMPANY, Dallas, Texas, No. 8920, dated June 29, 1989 consisting of one (1) page.

IN TESTIMONY WHEREOF, witness my hand and seal of office at Austin, Texas, this 27th day of September, 1999.

JOSE MONTEMAYOR
COMMISSIONER OF INSURANCE

BY:

Jeff Hunt, Admissions Officer
Company Licensing and Registration
Division
Order No. 96-1276