ų

TRANSMITTAL LETTER

TO:	Registration Se Division of Co		
SUBJ	ECT: Ke	y Life Insurance Company	
	<del></del>	(Name of corporation - must include suffix)	
Dear Si	ir or Madam:		
"Certifi	closed "Applica icate of Existendact business in	tion by Foreign Corporation for Authorization to Transact Business in Florida", re", and check are submitted to register the above referenced foreign corporation Florida.	
Please	return all corres	pondence concerning this matter to the following:	
		Charles A. Hall	*
		(Name of Person)	
		Key Life Insurance Company	
		(Firm/Company) -12/11/0001145	
		******* <sup>78</sup> .75 ************************************	78.75
		(Address)	
		Indianapolis, IN 46204	
		(City/State and Zip code)	•
For furt	her information	concerning this matter, please call:	
John	W. Hamilton	at ( <u>317</u> ) 639-6151	
Registra	(Name of Personant Control of Corporation (Name of Personant of Corporation (Name of Corporation (Name of Personant of Corporation (Name of Personant of Personant of Personant of Personant (Name of Personant of Personant of Personant of Personant (Name of Personant of Personant of Personant of Personant (Name of Personant of Per	MAILING ADDRESS: Registration Section	
	Saines St.	Division of Corporations P.O. Box 6327	
Tallahas	see, FL 32399	Tallahassee FI 32314	
Enclosed	is a check for	he following amount:	~ Ju
□ \$70.0	00 Filing Fee	\$78.75 Filing Fee & S78.75 Filing Fee & S87.50 Filing Fee, Certificate of Status Certified Copy Certified Copy Certified Copy	1 • ~{

### 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.

	Key Life Insurance Company						
words or	f corporation; must include the word "INCORPOR, abbreviations of like import in language as will cle erson or partnership if not so contained in the name	early indicate that it is	Y", "CORPORA  a corporation in	TION" or a stead of a			
2. <u>Ind</u>	iana country under the law of which it is incorporated)	3. <u>N/A</u>	(FEI number, if	applicable)		<del></del>	
Incorporated in Arizona on 9/14/76 and  A redomesticated in Indiana on 3/24/83 5. Perpetual							
	(Date of incorporation)	(Duration: Yea	ar corp. will ceas	e to exist o	r "perpetual	l")	
6. <u>Janua</u> (Date firs	ary 2, 1996 - purchased condominum t transacted business in Florida. If corporation has (SEE SECTIONS 607.1	not transacted busine 501, 607.1502 and 8	ess in Florida, in 17.155, F.S.)	sert "upon o	qualification	ī.")	
7. <u>156 E</u>	East Market Street, Suite 1200, Inc	lianapolis, IN	46204	1 Differenties		<del>-</del>	
	(Principal office						
<u>156 I</u>	East Market Street, Suite 1200, Inc. (Current mailing	dianapolis, IN	46204	<del></del>			
8. <u>Acqu</u> : (P	isition and sale of condominum urpose(s) of corporation authorized in home state of		d out in state of	Florida)		<del></del>	
9. Name a	and <u>street address</u> of Florida registered age	nt: (P.O. Box or M	Iail Drop Box	NOT acree	ptable?		
Na	mme: <u>C T Corporation System</u>			AllA	NETA DEC		
Office Add	dress: 1200 South Pine Island Road	<del>.</del>		- SEE	전 <u>0</u> 보	m	
	Plantation	, Florida	33324 (Zip code)		F.S.		
	(City)	_	(Zip code)	OKIDA	PM 2: 42 )F.STATE.		
Having be	tered agent's acceptance: en named as registered agent and to accept s l in this application, I hereby accept the appo eree to comply with the provisions of all statu	ointment as register	red agent and i	agree to a	ct in this c	capacity. 1	

duties, and I am familiar with and accept the obligations of my position as registered agent.

Jeffrey R. Graves

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 business addresses of officers and/or directors:

## A. DIRECTORS Chairman: Clark H. Byrum . Address: 156 East Market Street, Suite 1200, Indianapolis, IN 46204 Director: VEX Charron: Paul W. Barclay Address: 156 East Market Street, Suite 1200, Indianapolis, IN 46204 Director: John D. Byrum Address: 156 East Market Street, Suite 1200, Indianapolis, IN 46204 Director: John P. Calhoun Address: 156 East Market Street, Suite 1200, Indianapolis, IN 46204 Director: Eric D. Clark Address: 156 East Market Street, Suite 1200, Îndianapolis, IN 46204 B. OFFICERS President: Clark H. Byrum Address: \_\_\_\_156 East Market Street, Suite 1200, Indianapolis, IN 46204 Vice President: Gordon R. Smith Address: 156 East Market Street, Suite 1200, Indianapolis, TN 46204 Martha E. Hannum Secretary: 156 East Market Street, Suite 1200, Indianapolis, IN 46204 Address: Charles A. Hall Treasurer: 156 East Market Street, Suite 1200, Indianapolis, IN 46204 Address: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Myllen (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application) 14. Clark H. Byrum / Chairman

(Typed or printed name and capacity of person signing application)

# STATE OF INDIANA OFFICE OF THE SECRETARY OF STATE CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, SUE ANNE GILROY, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper office to execute this certificate.

I further certify that records of this office disclose that

#### KEY LIFE INSURANCE COMPANY INC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on September 14, 1976, and was in existence or authorized to transact business in the State of Indiana on December 5, 2000.

I further certify this For-Profit Domestic Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.

STATE ON THE STATE OF THE STATE

In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Fifth day of December, 2000.

SUE ANNE GILROY, Secretary of State

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