F01000004725

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Unified Life Insurance Company of Texas
(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:

200004566342--2
-08/31/01--01073--004
*****87.50 *****87.50

Cheri McCoy
(Name of Person)

Unified Life Insurance Company of Texas
(Firm/Company)

7201 W. 129th Street, Suite 300
(Address)

Overland Park, KS 66213
(City/State and Zip code)

For further information concerning this matter, please call:

Sandra Nydam at (913) 685-2233
(Name of Person) (Area Code & Daytime Telephone Number)

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DIVISION OF CORPORATIONS
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STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration 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

UNIFIED LIFE INSURANCE COMPANY OF TEXAS
P.O. Box 25326
Overland Park, KS 66225-5326
913-685-2233

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August 30, 2001

Florida Department of State
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

RE: Unified Life Insurance Company of Texas Name Availability

To Whom it May Concern:

Unified Life Insurance Company of Texas is applying for a Certificate of Authority in the state of Florida and is requesting name approval from your Department.

Enclosed please find the necessary forms and a check in the amount of $87.50, which represents the $70.00 filing fee, $8.75 certified copy fee and $8.75 for the Certificate of Status.

Please forward the name approval or any additional forms that needs to be filled out in the enclosed Fed Ex envelope, which will be billed to our Company, as soon as possible.

Sincerely,

Cheri McCoy
Filing Department
cmccoy@unifiedlife.com

Enc.

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. Unified Life Insurance Company of Texas
(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
(State or country under the law of which it is incorporated)

3. 43-1917728
(FEI number, if applicable)

4. May 15, 2001
(Date of incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 7201 W. 129th Street, Suite 300 Overland Park, KS 66213
(Principal office address)

PO Box 25326 Overland Park, KS 66225-5326
(Current mailing address)

8. Authorized to transact Life, Accident and Disability Insurance
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: Tom Gallagher, Insurance Commissioner of Florida

Office Address: Capitol Building

Tallahassee (City), Florida 32304 (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.

12. **Names and business addresses of officers and/or directors:**

A. DIRECTORS

Chairman: William M. Buchanan

Address: 7201 West 129th Street, Suite 300

Overland Park, KS 66213

Vice Chairman: N/A

Address:

Director: William M. Buchanan

Address: 7201 West 129th Street, Suite 300

Overland Park, KS 66213

Director: Frank M. Neidig

Address: 7201 West 129th Street, Suite 300

Overland Park, KS 66213

B. OFFICERS

President: Frank M. Neidig

Address: 7201 W. 129th Street, Suite 300

Overland Park, KS 66213

Vice President: Andreu Lawrence Wiltse, Jr.

Address: 7201 W. 129th Street, Suite 300

Overland Park, KS 66213

Secretary: Mary M. Rixey

Address: 7201 W. 129th Street, Suite 300 Overland Park, KS 66213

Treasurer: Timothy J. Buchanan

Address: 7201 W. 129th Steet, Suite 300 Overland Park, KS 66213

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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. Frank M. Neidig, President
(Typed or printed name and capacity of person signing application)

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Director:	Timothy J. Buchanan
Address:	7201 W. 129th Street, Suite 300 Overland Park, KS 66213
Director:	John P. Clifford
Address	12900 Metcalf, Suite 200 Overland Park, KS 66213
Director:	Guy V. Barker
Address	12900 Metcalf, Suite 200 Overland Park, KS 66213

B. OFFICERS

Vice President:	William M. Buchanan, III
Address:	7201 W. 129th Street, Suite 300 Overland Park, KS 66213
Vice President:	Timothy J. Buchanan
Address:	7201 W. 129th Street, Suite 300 Overland Park, KS 66213
Actuary:	Frank M. Neidig
Address:	7201 W. 129th Street, Suite 300 Overland Park, KS 66213

Texas Department of Insurance
Financial, Company Licensing & Registration, Mail Code 305-2C
333 Guadalupe P. O. Box 149104, Austin, Texas 78714-9104

STATE OF TEXAS §
§
COUNTY OF TRAVIS §

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01 AUG 31 PM 1:00

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

Current Certificate of Authority for UNIFIED LIFE INSURANCE COMPANY OF TEXAS, Austin, Texas, No. 12839 dated May 15, 2001, consisting of one (1) page.

IN TESTIMONY WHEREOF, witness my hand and seal of office at Austin, Texas, this 19th day of July 2001.

JOSE MONTEMAYOR
COMMISSIONER OF INSURANCE

BY: _____
Jeff Hunt, Admissions Officer
Company Licensing & Registration Division
Order No. 00-1002

Texas Department of Insurance

Certificate No. 12839 Company No. 01-095596

Certificate of Authority

THIS IS TO CERTIFY THAT

UNIFIED LIFE INSURANCE COMPANY OF TEXAS

AUSTIN, 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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Life; Accident and Health

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

15th day of May A.D. 2001

JOSE MONTEMAYOR
COMMISSIONER OF INSURANCE

BY Godwin Ohaechesi

Godwin Ohaechesi, Director
Company Licensing & Registration