

**F02000004065**

August 7, 2002

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, Florida 32314

000006983320--0  
-08/09/02--01005--003  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

**Re: Application by Foreign Corporation for Authorization to Transact Business in Florida, NGL American Life Insurance Company (NAIC #97241) Member of the National Guardian Life Group (NAIC Group #1211)**

The enclosed Application by Foreign Corporation for Authorization to Transact Business in Florida and our check in the amount of \$78.75 is submitted for filing. Also, enclosed is a Certification of our Wisconsin Certificate of Authority, which is what the State of Wisconsin sends in lieu of a Certificate of Existence. Please return all correspondence concerning this matter to me at the following address:

Spencer L. Francis  
Vice President & Treasurer  
NGL American Life Insurance Company  
PO Box 1031  
Madison, WI 53701-1031.

FILED  
02 AUG - 8 AM 11: 27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We are requesting an expedited review of this application, and will promptly respond to any questions you may have or additional information you require. You may contact me at the number listed below. Thank you in advance for your attention to this matter.

Sincerely,



Spencer L. Francis, CPA, CLU, ChFC, FLMI  
Vice President, Finance  
Phone: 800-626-7931 Ext. 5247  
Fax: 608-257-9847  
E-mail: [sfrancis@nglic.com](mailto:sfrancis@nglic.com).

*F02 4065*  
*JK*

Enclosures

**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. NGL American 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. Wisconsin 3. 47-0648948  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 25, 1982 5. Perpetual  
(Date of incorporation) (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. 2 East Gilman Street, Madison, WI 53701-1031  
(Principal office address)  
P.O. Box 1031, Madison, WI 53701-1031  
(Current mailing address)

8. Life & Health Insurance Company  
(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: Insurance Commissioner

Office Address: 200 East Gaines Street

Tallahassee, Florida 32399  
(City) (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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: John D. Larson

Address: 2 East Gilman Street  
Madison, WI 53703-1494

Vice Chairman: Spencer L. Francis

Address: 2 East Gilman Street  
Madison, WI 53703-1494

Director: Robert A. Mucci

Address: 2 East Gilman Street  
Madison, WI 53703-1494

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: John D. Larson

Address: 2 East Gilman Street  
Madison, WI 53703-1494

Vice President: Spencer L. Francis

Address: 2 East Gilman Street  
Madison, WI 53703-1494

Secretary: Sherri A. Kliczak


Address: 2 East Gilman Street, Madison, WI 53703-1494

Treasurer: Spencer L. Francis

Address: 2 East Gilman Street, Madison, WI 53703-1494

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TALLAHASSEE, FLORIDA

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. Spencer L. Francis  
(Typed or printed name and capacity of person signing application)

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NGL American 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:

<u>Spencer L. Francis</u>	
	(Name of Person)
<u>NGL American Life Insurance Company</u>	
	(Firm/Company)
<u>P.O. Box 1031</u>	
	(Address)
<u>Madison, WI 53701-1031</u>	
	(City/State and Zip code)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Spencer L. Francis at ( 608 ) 257-5612, Ext. 5247  
(Name of Person) (Area Code & Daytime Telephone Number)

**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



**State of Wisconsin  
Office of the Commissioner of Insurance  
P O Box 7873  
Madison, Wisconsin 53703-7873**

**Certification of the Authenticity of Copy of Document on File**

**The Commissioner of Insurance of the State of Wisconsin certifies that the attached copy of**

**CERTIFICATE OF AUTHORITY**

**For NGL AMERICAN LIFE INSURANCE COMPANY**

**is a true and correct copy of the original now on file with the Office of the Commissioner of Insurance.**

**Dated at Madison, Wisconsin, this 7th day of August, 2002.**

*Connie O'Connell*  
**Connie O'Connell  
Commissioner of Insurance**



# *Certificate of Authority*

## *State of Wisconsin*

Office of the Commissioner of Insurance  
P.O. Box 7873  
Madison, Wisconsin 53707-7873

Certificate No.            12241  
Date Issued:              03/02/2000  
License Chapter:         611 Wis. Stat.

This Is To Certify,        That pursuant to the Insurance Laws of the state of Wisconsin,

*NGL American Life Insurance Company*  
*Wisconsin*

has paid the fees and taxes required by law and that it is hereby authorized to transact the business of:

- 1A Life insurance and annuities (Non participating)
- 1C Disability insurance

***subject to the following limitations:***

NONE

in the state of Wisconsin as long as the insurer continues to conform to the authority granted by this certificate, is in full compliance with all, and not in violation of any, of the applicable laws and lawful requirements made under authority of the laws of the state of Wisconsin.

A handwritten signature in cursive script that reads 'Randy Blumer'.

Deputy Commissioner of Insurance