



**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** NGL American Life Insurance Company  
(Name of Corporation)

**DOCUMENT NUMBER:** F02000004065

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mathew J. Dew

(Name of Contact Person)

National Guardian Life Insurance Company

(Firm/Company)

2 East Gillman Street

(Address)

Madison, WI 53703

(City/State and Zip Code)

For further information concerning this matter, please call:

Mathew J. Dew

(Name of Contact Person)

at ( 608 ) 443-5219

(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

**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)**

F02000004065  
(Document number of corporation (if known))

**FILED**  
06 SEP 25 PM 12:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. NGL American Life Insurance Company  
(Name of corporation as it appears on the records of the Department of State)

2. Wisconsin 3. 08/08/2002  
(Incorporated under laws of) (Date authorized to do business in Florida)

**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? July 1, 2006

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

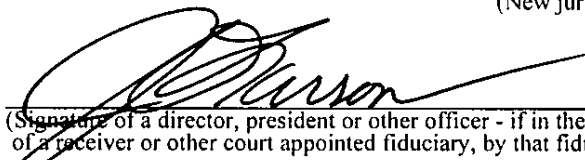
(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

n/a  
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

n/a  
(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)  
John D. Larson  
(Typed or printed name of person signing)

Chairman & CEO  
(Title of person signing)



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

**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 Settlers Life Insurance Company (formerly NGL American Life Insurance Company)  
Name Change effective July 1, 2006

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 5th day of July, 2006.

A handwritten signature in black ink, appearing to read "Jane B. ...".

Commissioner of Insurance



# *Certificate of Authority* *State of Wisconsin*

Office of the Commissioner of Insurance

**Certificate No.:** 12241  
**Date Issued:** 07/01/06  
**License Chapter:** 611 Wis. Stat.

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

*Settlers Life Insurance Company*

*Wisconsin*

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

Disability Insurance  
Life Insurance and Annuities (Nonparticipating)

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 black ink, appearing to read 'Jane S. ...'.

Commissioner of Insurance