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6/7  
Cert. ok per G.H.

W04-19223  
J. BRYAN MAY 19 2004

J. BRYAN JUN - 9 2004

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TEXAS INTERNATIONAL 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:

PATRICIA ADAMS  
(Name of Person)  
TEXAS INTERNATIONAL LIFE INSURANCE COMPANY  
(Firm/Company)  
6300 BRIDGEPOINT PKWY, BLDG 1, STE. 340  
(Address)  
AUSTIN, TX 78730  
(City/State and Zip code)

For further information concerning this matter, please call:

PATRICIA ADAMS at (512) 342-1912  
(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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

May 19, 2004

PATRICIA ADAMS  
TEXAS INTERNATIONAL LIFE INSURANCE COMPA  
6300 BRIDGE POINT PKWY, BLDG. 1, STE. 34  
AUSTIN, TX 78730

SUBJECT: TEXAS INTERNATINOAL LIFE INSURANCE COMPANY  
Ref. Number: W04000019223

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FILING  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for TEXAS INTERNATINOAL LIFE INSURANCE COMPANY and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 604A00034919

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.

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TALLAHASSEE, FLORIDA

1. TEXAS INTERNATIONAL LIFE INSURANCE COMPANY  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

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

2. TEXAS 3. 75-1458525  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2/5/75 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. 6300 BRIDGPOINT PKWY., BLDG. 1, STE. 340, AUSTIN, TX 78730  
(Principal office address)

SAME  
(Current mailing address)

8. Life, health & annuity 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: STANLEY BORING

Office Address: 238 GLEASON PARKWAY  
CAPE CORAL, Florida 33914  
(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.

Stanley Boring  
(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**

1. Chairman: LARRY DOZE  
Address: 6300 BRIDGEPOINT PKWY., BLDG. 1, STE. 340  
AUSTIN, TX 78730
2. Vice Chairman: HAL DAVID GILCHRIST  
Address: 300 LAKEVIEW DR.  
LIBERTY, MO 64068
3. Director: ANGELA DOZE  
Address: 6300 BRIDGEPOINT PKWY, BLDG. 1, STE. 340  
AUSTIN, TX 78730
4. Director: AMY DOZE  
Address: 6300 BRIDGEPOINT PKWY, BLDG. 1, STE. 340  
AUSTIN, TX 78730

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**B. OFFICERS**

- President: LARRY DOZE  
Address: 6300 BRIDGEPOINT PKWY., BLDG. 1, STE. 340  
AUSTIN, TX
- Asst. Vice President: PAM HILFER  
Address: 6300 BRIDGEPOINT PKWY., BLDG. 1, STE. 340  
AUSTIN, TX
- Secretary: SHERRY WOMMACK  
Address: 6300 BRIDGEPOINT PKWY, BLDG. 1, STE. 340, AUSTIN, TX
- Treasurer: TODD DOZE  
Address: 6300 BRIDGEPOINT PKWY, BLDG. 1, STE. 340, AUSTIN, TX 78730

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

13. Todd A. Doze  
(Signature of Director or Officer listed in number 12 of the application)
14. Todd A. Doze, CEO  
(Typed or printed name and capacity of person signing application)



**Texas Department of Insurance**

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

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TALLAHASSEE, FLORIDA

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 & 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 TEXAS INTERNATIONAL LIFE INSURANCE COMPANY, Austin, Texas, No. 13581 dated April 21, 2004 consisting of one (1) page.

IN TESTIMONY WHEREOF, witness my hand and seal of office at Austin, Texas, this 11<sup>th</sup> day of May 2004.

JOSE MONTEMAYOR  
COMMISSIONER OF INSURANCE

BY:

Jeff Hunt, Admissions Officer  
Company Licensing & Registration Division  
Order No. 01-0692

**Texas Department of Insurance**



Certificate No. 13581

Company No. 004082100

**Certificate of Authority**

THIS IS TO CERTIFY THAT

TEXAS INTERNATIONAL LIFE INSURANCE COMPANY

AUSTIN, TEXAS

has complied with the laws of the State of Texas applicable thereto and is hereby authorized to transact the business of

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

21st day of April A.D. 2004

JOSE MONTEMAYOR  
COMMISSIONER OF INSURANCE

BY

A handwritten signature in cursive script, appearing to read "Godwin Ohaechesi".

Godwin Ohaechesi, Director  
Company Licensing & Registration