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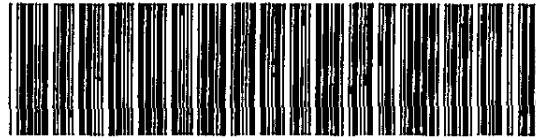
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T/M/Anchorage, Alaska

Cert

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CSI 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:

Michele Guettermann
(Name of Person)

CSI Life Insurance Company
(Firm/Company)

1212 No. 96th St.
(Address)

Omaha, Nebraska 68114
(City/State and Zip code)

For further information concerning this matter, please call:

Michele Guettermann at (402) 997-8389
(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



Central States Indemnity

August 11, 2005

Florida Department of State
Division of Corporations
Attn: Diane Cushing
PO Box 6327
Tallahassee, FL 32314

RE: **CSI Life Insurance Company** – Response to Letter Dated 8/3/05

Ms. Cushing:

In response to your letter dated August 3, 2005, enclosed is a certified Certificate of Compliance for CSI Life Insurance Company. I asked the Nebraska Department of Insurance for a "certificate of existence" or a "certificate of good standing" that you requested, and they sent me the Certificate of Compliance – I hope you find this acceptable.

If you need any additional information please call me at (800) 732-4597 extension 8389, or email at mguetterman@csi-omaha.com.

Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Michele Guetterman".

Michele Guetterman, AIRC, AIAA, HIA, MHP, ACS
Central States Indemnity Co. of Omaha
1212 North 96th Street
Omaha, NE 68114

Central States Indemnity Co. of Omaha
1212 North 96th Street, Omaha, Nebraska 68114

A Berkshire Hathaway Company



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 3, 2005

MICHELE GUETTERMAN
CSI LIFE INSURANCE COMPANY
1212 NO. 96TH ST.
OMAHA, NE 68114

SUBJECT: CSI LIFE INSURANCE COMPANY
Ref. Number: W05000036760

We have received your document for CSI LIFE INSURANCE COMPANY and your check(s) totaling \$78.75. 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.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 705A00050119

**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. CSI Life Insurance Company
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

N/A

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

2. Nebraska 3. 86-0287520
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11-21-73 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1212 No. 96th Street, Omaha, Nebraska 68114
(Principal office address)
1212 No. 96th Street, Omaha, Nebraska 68114
(Current mailing address)

8. Life and Health (Disability) insurance coverage
(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 NOT acceptable)

Name: CT Corporation System

Office Address: 1200 S. Pine Island Road

Plantation, Florida 33324
(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)

James M. Halpin
Assistant Secretary

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

Director

~~Chairman:~~ John Edward Kizer

Address: 1212 No. 96th Street, Omaha, NE 68114

Director

~~Vice Chairman:~~ Richard Thomas Kizer

Address: 1212 No. 96th Street, Omaha, NE 68114

Director: William McBain Kizer

Address: 1212 No. 96th Street, Omaha, NE 68114

Officer

~~Director:~~ Lawrence Dean Fisher

Address: 1212 No. 96th Street, Omaha, NE 68114

B. OFFICERS

President: William Michael Kizer

Address: 1212 No. 96th Street, Omaha, NE 68114

Vice President: Kevin John Moran

Address: 1212 No. 96th Street, Omaha, NE 68114

Secretary: Michael Howard Jensen

Address: 1212 No. 96th Street, Omaha, NE 68114

Treasurer: William Michael Kizer

Address: 1212 No. 96th Street, Omaha, NE 68114

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

13. Michael H. Jensen
(Signature of Director or Officer listed in number 12 of the application)

14. Michael Howard Jensen, Secretary
(Typed or printed name and capacity of person signing application)

STATE OF NEBRASKA DEPARTMENT OF INSURANCE CERTIFICATE OF COMPLIANCE

August 10, 2005

I, L. TIM WAGNER, Director of Insurance for the State of Nebraska, being the official charged by law with the supervision of insurance in said state, do hereby certify that the **CSI LIFE INSURANCE COMPANY**, a Nebraska insurance corporation, is duly organized under the laws of this State and that said company has complied with all the requirements of the laws of this State and that it is authorized to issue policies and transact the business of insurance as described by subsection(s) 1 and 4 of Section 44-201 of the Nebraska Statutes.

I hereto subscribe my name under the seal of my office at Lincoln, Nebraska.



L. Tim Wagner

DIRECTOR OF INSURANCE