

F0800000001951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRP
4/30

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Bankers Reserve Life Insurance Company of Wisconsin
(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:

LaChelle Simmons

(Name of Person)

Rector & Associates, Inc.

(Firm/Company)

172 E. State Street, Suite 305

(Address)

Columbus, OH 43215

(City/State and Zip code)

For further information concerning this matter, please call:

LaChelle Simmons

(Name of Person)

at (614) 224-6257

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

New Filing 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



OFFICE OF FINANCIAL REGULATION

DON B. SAXON
COMMISSIONER

**FINANCIAL SERVICES
COMMISSION**

CHARLIE CRIST
GOVERNOR

BILL MCCOLLUM
ATTORNEY GENERAL

ALEX SINK
CHIEF FINANCIAL OFFICER

CHARLES BRONSON
COMMISSIONER OF
AGRICULTURE

March 17, 2008

Ms. LaChelle Simmons
172 E. State Street, Suite 305
Columbus, OH 43215

Dear Ms. Simmons:

Re: Bankers Reserve Life Insurance Company of Wisconsin

Thank you for your recent letter/fax requesting approval for use of the above-referenced name.

It is the opinion of this Office that the above-referenced corporate name is definitive enough to differentiate the business being conducted from that of a commercial bank or trust company. Therefore, the Office does not object to your use of the above-referenced name being registered to conduct business in the state of Florida. However, this does not give one the authority to act in any licensed capacity until all licensing requirements have been met within this state.

Sincerely,

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

Linda B. Charity
Director

LBC:bk

cc: Karon Beyer, Chief, Bureau of Commercial Recordings, Division of Corporations,
Department of State
Office of Insurance Regulation

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. Bankers Reserve Life Insurance Company of Wisconsin
(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. Wisconsin 3. 39-0993433
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 5, 1961 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. 7711 Carondelet Avenue, St. Louis, MO 63105
(Principal office address)

Same as Above

(Current mailing address)

8. 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 NOT acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road
Plantation 33324
(City) Florida (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.

Carol Record

Carol Record
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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: Open

Address: _____

Vice Chairman: Open

Address: _____

Director: Keith H. Williamson

Address: 7711 Carondelet Avenue, St. Louis, MO 63105

Director: William N. Scheffel

Address: 7711 Carondelet Avenue, St. Louis, MO 63105

B. OFFICERS

President: Michael F. Neidorff

Address: 7711 Carondelet Avenue, St. Louis, MO 63105

Vice President: Patrick J. Rooney

Address: 7711 Carondelet Avenue, St. Louis, MO 63105

Secretary: Keith H. Williamson

Address: 7711 Carondelet Avenue, St. Louis, MO 63105

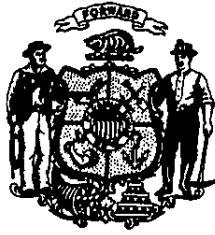
Treasurer: Eric Slusser

Address: 7711 Carondelet Avenue, St. Louis, MO 63105

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

13. 
(Signature of Director or officer listed in number 12 of the application)

14. Patrick J. Rooney Vice President
(Typed or printed name and capacity of person signing application)



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08 APR 29 PM 3:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 Bankers Reserve Life Insurance Company of Wisconsin (formerly International General Insurance Corporation) Name Change effective 03-27-1996

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 17th day of April, 2008.

A handwritten signature in black ink, appearing to be "A. J. B.", written over a horizontal line.

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. 00011100

Date Issued: 03-27-1996

License Chapter: 611 Wis. Stat.

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

Bankers Reserve Life Insurance Company of Wisconsin
Wisconsin

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

- (1) (A) Life insurance and annuities (PARTICIPATING/NON-PARTICIPATING)
- (1) (C) 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 the applicable laws and lawful requirements made under authority of the laws of the state of Wisconsin.

Josephine W. Tinsley
Commissioner of Insurance