

F08000004439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300136566393

10/10/08--01029--020 **70.00

FILED
2008 OCT 10 P 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-13-08
200

COVER LETTER

FILED
2008 OCT 10 P 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: New Filing Section
Division of Corporations

SUBJECT: Eagle 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:

Maria Connett

(Name of Person)

Eagle Life Insurance Company

(Firm/Company)

5000 Westown Parkway

(Address)

West Des Moines, IA 50266

(City/State and Zip code)

For further information concerning this matter, please call:

Maria Connett

(Name of Person)

at (515) 273-3586

(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

**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. Eagle 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. Iowa

(State or country under the law of which it is incorporated)

3. 26-3218907

(FEI number, if applicable)

4. 8/11/2008

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. Transact Insurance Business

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 5000 Westown Parkway, West Des Moines, IA 50266

(Principal office address)

5000 Westown Parkway, West Des Moines, IA 50266

(Current mailing address)

8. _____
(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: **Corporation Service Company**

Office Address: **1201 Hays Street**

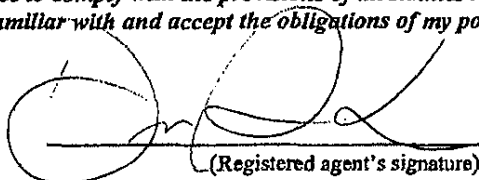
Tallahassee, Florida **32301**

(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)

Dona L. Priebe, Assistant VP

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.

2008 OCT 10 P 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

A. DIRECTORS See attached sheet

Chairman: D.J. Noble

Address: 5000 Westown Parkway
West Des Moines, IA 50266

Vice Chairman: _____

Address: _____

Director: Debra J. Richardson

Address: 5000 Westown Parkway
West Des Moines, IA 50266

Director: Wendy L. Carlson

Address: 5000 Westown Parkway
West Des Moines, IA 50266

B. OFFICERS See attached sheet

President: D.J. Noble

Address: 5000 Westown Parkway
West Des Moines, IA 50266

Vice President: John M. Matovina

Address: 5000 Westown Parkway
West Des Moines, IA 50266

Secretary: Debra J. Richardson

Address: 5000 Westown Parkway, West Des Moines, IA 50266

Treasurer: John M. Matovina

Address: 5000 Westown Parkway, West Des Moines, IA 50266

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

13. Harley A. Whitfield Jr.
(Signature of Director or Officer listed in number 12 of the application)

14. Harley A. Whitfield Jr., Vice President
(Typed or printed name and capacity of person signing application)

FILED
2008 OCT 10 P 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Eagle Life Insurance Company

Directors

D. J. Noble, Chair	Wendy L. Carlson	James M. Gerlach
Debra J. Richardson	Kevin R. Wingert	John M. Matovina

D. J. Noble	Chairman, President & CEO
John M. Matovina.....	Vice President, COO & Treasurer
James M. Gerlach.....	Executive Vice President
Debra J. Richardson	Sr. Vice President & Secretary
Wendy L. Carlson	General Counsel and Asst. Secretary
Lloyd R. Hill.....	Vice President
Ted Johnson	Vice President-Controller
Marla Lacey	Vice President
Lisa McQuerrey.....	Vice President & Asst. Secretary
Judith A. Naanep	Vice President-Chief Actuary & Illustration Actuary
Harley A. Whitfield, Jr.....	Vice President-Market Conduct

COMMITTEE APPOINTMENTS

Executive Committee

D. J. Noble, Chairman and James M. Gerlach.

Investment Committee

D. J. Noble, Chairman and James M. Gerlach.

FILED
2008 OCT 10 P 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IOWA

Date: 09/29/2008

SECRETARY OF STATE

490 DP-000367188
EAGLE LIFE INSURANCE COMPANY
ATTN:NELDA LAMP
PO BOX 71216
DES MOINES, IA 50325

FILED
2008 OCT 10 P 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF EXISTENCE

Name: EAGLE LIFE INSURANCE COMPANY
Date of Incorporation: 08/28/2008
Duration: PERPETUAL

I, MICHAEL A. MAURO, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa on the date printed above, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report has been filed by the Secretary of State, and that articles of dissolution have not been filed.



Michael A. Mauro

MICHAEL A. MAURO SECRETARY OF STATE

