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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

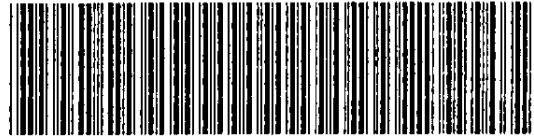
Patty Korth GAVE

AUTHORIZATION BY PHONE TO
Domesticated from Missouri to
CORRECT Indiana 8/4/04 per certificate
Name change to current 12/2/08

DATE _____

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03/25/11--01034--003 **87.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PS 4/8/11

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: HEARTLAND NATIONAL 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," or "Certificate of Good Standing" 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:

Patty A. Kurth

Name of Person

HEARTLAND NATIONAL LIFE INSURANCE COMPANY

Firm/Company

1600 NE Coronado Drive

Address

Blue Springs, Missouri 64014

City/State and Zip code

pattyh@e-hfg.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Patty A. Kurth

Name of Person

at (816) 478-0120

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. HEARTLAND NATIONAL 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. INDIANA 3. 64-1431935
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 7-14-65 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. 1600 NE Coronado Drive Blue Springs, Missouri 64014
(Principal office address)

1600 NE Coronado Drive Blue Springs, Missouri 64014
(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: Registered Agents Legal Services, LLC

Office Address: 155 Office Plaza Drive, Suite A
Tallahassee, , Florida 32301
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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.

Denise Fowler
(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

Chairman: Christopher M. McDaniel

Address: 1600 NE Coronado Drive Blue Springs, Missouri 64014

Vice Chairman: Bryan R. Neary

Address: 660 Dillon Drive Omaha, Nebraska 68132

Director: Douglas Lancaster

Address: 10990 Quivira, Suite 200 Overland Park, Kansas 66210

Director: Michael P. Kilkenny

Address: 10689 N. Pennsylvania Street Indianapolis, Indiana 46280

Billy L. Ellsworth

1600 NE Coronado Drive, Blue Springs, Missouri 64014

B. OFFICERS

President: Christopher M. McDaniel

Address: 1600 NE Coronado Drive Blue Springs, Missouri 64014

Vice President: Billy L. Ellsworth

Address: 1600 NE Coronado Drive, Blue Springs, Missouri 64014

Secretary: Patricia A. Kurth

Address: 1600 NE Coronado Drive Blue Springs, Missouri 64014

Treasurer: Patricia A. Kurth

Address: 1600 NE Coronado Drive Blue Springs, Missouri 64014

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

13. Patty Kurth

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Patty Kurth, Secretary & Treasurer

(Typed or printed name and capacity of person signing application)

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DEPT. OF STATE
TOLSON

**STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greetings:

I, Charles P. White, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

HEARTLAND NATIONAL LIFE INSURANCE COMPANY

duly filed the requisite documents to commence business activities under the laws of State of Indiana on August 04, 2004, and was in existence or authorized to transact business in the State of Indiana on March 11, 2011.

I further certify this Domestic Insurance Corporation has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Eleventh Day of March, 2011.

Charles P. White

Charles P. White, Secretary of State

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SECRETARY OF STATE
INDIANAPOLIS, INDIANA