

F180000004133

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

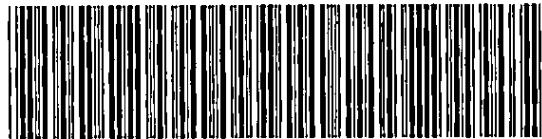
Special Instructions to Filing Officer:

Per Gina McLeod
name is ok to file.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 07 2018

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Family Benefit 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:

Jeffrey Jon Wood
Name of Person

Family Benefit Life Insurance Company
Firm/Company

7633 East 63rd Place, Suite 230
Address

Tulsa, OK 74133-1246
City/State and Zip code

jwood@firsttrinityfinancial.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey Jon Wood at (918) 249-2438
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input checked="" type="checkbox"/> \$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. Family Benefit 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. Missouri 3. 43 0817675
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. October 14, 1964 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 7633 East 63rd Place, Ste 230, Tulsa, OK 74133
(Principal office address)

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

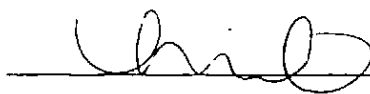
Name: InCorp Services, Inc.

Office Address: 17888 67th Court North

Loxahatchee, Florida 33470
(City) (Zip code)

9. 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.



Lorie Cuni on behalf of InCorp Services, Inc.
(Registered agent's signature)

10. 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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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: List attached as Exhibit A

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

12. _____

Gross Zahn President
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Gross Zahn, President

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

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TALLAHASSEE, FLORIDA

Exhibit A

Family Benefit Life Insurance Company Board of Directors and Executive Officers

Gregg E. Zahn
Chairman, CEO and President
9473 E. 108th St. South, Tulsa, Oklahoma 74133

Jeffrey J. Wood
Secretary and Treasurer and CFO
11525 S. Par Ave, Unit 206, Bixby, Oklahoma 74008

William S. Lay
Director, Vice President of Investments, Assistant Secretary and Treasurer
20300 Leopard Lane, Estero, Florida 33928

George E. Peintner
Director
2601 Wildwood, Duncan, Oklahoma 73533

Will W. Klein
Director
8211 E. Adobe Drive, Scottsdale, Arizona 85255

Gerald J. Kohout
Director
307 El Paseo Street, Denton, Texas 76205

Gary L. Sherrer
Director
5901 Woodlake Drive, Stillwater, Oklahoma 74074

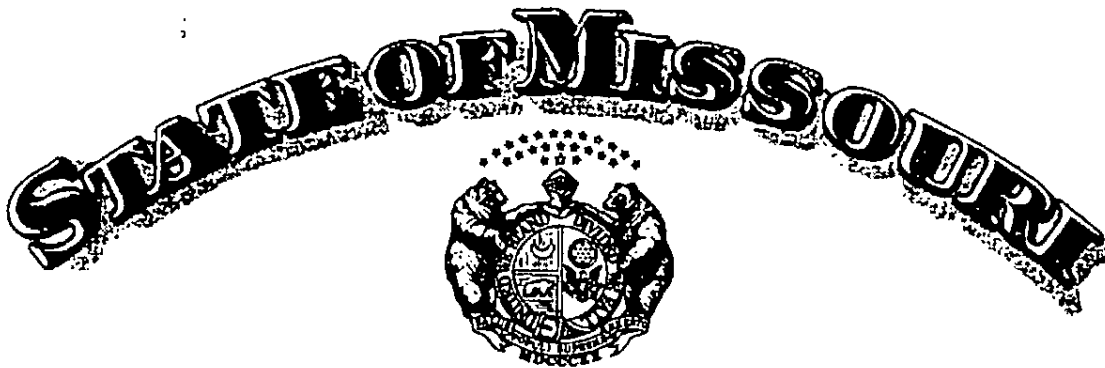
Bill H. Hill
Director
P.O. Box 965/Rt. 1 Box 5253 Antlers, Oklahoma 74523

Charles W. Owens
Director
2547 McGee, Norman, Oklahoma 73072

Alvin J. Begnoche
Officer, Vice President of Marketing
12117 S. 4th Street, Jenks, Oklahoma 74037

Porter S. Horgan
Officer, Director of Mortgage Loans
1817 South Columbine Street, Baton Rouge, Louisiana 70808

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TALLAHASSEE, FLORIDA



**DEPARTMENT OF INSURANCE, FINANCIAL
INSTITUTIONS AND PROFESSIONAL REGISTRATION**

P.O. Box 690, Jefferson City, Mo. 65102-0690

CERTIFICATION OF AUTHORITY

I, Chlora Lindley-Myers, Director of the Department of Insurance, Financial Institutions and Professional Registration, State of Missouri, certify that I have supervision of insurance business in the State of Missouri and as such, do hereby certify that

**FAMILY BENEFIT LIFE INSURANCE COMPANY
A MISSOURI CORPORATION**

possesses a Certificate of Authority as a Life and Health Insurance Company, and is thereby authorized subject to the provisions of the insurance laws of Missouri to make the following insurance business:

Life, Annuities and Endowments (§ 376.010, RSMo)
Accident and Health (§ 376.010, RSMo)

in the State of Missouri. To date, the Certificate of Authority has not been refused, terminated, suspended, or revoked by the Director.



IN WITNESS WHEREOF, I have hereunto caused my official seal to be affixed, this 20th day of August, 2018.

Chlora Lindley-Myers
Chlora Lindley-Myers, Director