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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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**FOREIGN PROFIT/NONPROFIT CORPORATION
UPSTREAM LIFE INSURANCE COMPANY**

***ORIGINAL FILING WAS
NOT REC'D. PLEASE
PROVIDE ORIGINAL
SUBMISSION DATE 11/20/19***

Certificate of Status	1
Certified Copy	1
Page Count	06
Estimated Charge	\$87.50

--- Our client spoke to your office and was advised that since this is an insurance company, the can use the FL Dept of Financial Regulation's address as the registered agent and signature is not required*****

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Upstream 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:

Carolyn A. Rupprath
Name of Person

Winstead PC
Firm/Company

401 Congress Avenue, Suite 2100
Address

Austin, TX 78701
City/State and Zip code

colby@upstreamlife.us
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carolyn A. Rupprath at (512) 370-2833
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:

- ☐ \$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.

Upstream Life Insurance Company

1. _____
(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. Texas 3. 41-0225890
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. January 5, 1912 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. 265 N. Lamar Blvd., Suite A, Oxford, MS 28655
(Principal office address)

P. O. Box 2940, Oxford, MS 38655
(Current mailing address, if different)

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

Name: Chief Financial Officer

Office Address: 200 E. Gaines Street

Tallahassee, Florida 32399
(City) (Zip code)

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11.5.15

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.

(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.

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

A. DIRECTORS

Chairman: _____ and Executive Director: Colby Arceneaux

Address: _____
P. O. Box 2940

Oxford, MS 38655

Vice Chairman: _____

Address: _____

Director: _____
Derek HebertAddress: _____
P. O. Box 2940

Oxford, MS 38655

Director: _____
See Addendum for remaining Directors

Address: _____

B. OFFICERS

President: _____ and CEO: Derek Hebert

Address: _____
P. O. Box 2940

Oxford, MS 38655

Vice President: _____

Address: _____

Secretary: _____
Colby ArceneauxAddress: _____
P.O. Box 2940, Oxford, MS 38655Chief Financial Officer: _____
Lewis WilliamsAddress: _____
P.O. Box 2940, Oxford, MS 38655**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

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. _____
Colby Arceneaux, Executive Director and Secretary

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

ADDENDUM

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

A. DIRECTORS CONTINUED:

Director: Kevin Hebert
Address: P.O. Box 2940
Oxford, MS 38655

Director: Michael Blue
Address: P.O. Box 2940
Oxford, MS 38655

Director: Tom Weyer
Address: P.O. Box 2940
Oxford, MS 38655

Director: _____
Address: _____

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J. E. L.

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Applicant Company Name: Upstream Life Insurance CompanyNAIC No. 78093FEIN 41-0225890

Uniform Certificate of Authority Application (UCAA)
CERTIFICATE OF COMPLIANCE

State of Texas
(Domiciliary State of Applicant Company)Office of Department of Insurance
(Commissioner, Superintendent, Officer)I, Robert Rudnai, hereby certify that I am the Interim Manager of Company Licensing and Registration
(Name) (Position)office ⁴ of the State of Texas and have supervision of insurance business in said State and as such,

I hereby certify that

Upstream Life Insurance Company
(Name of Applicant Company)

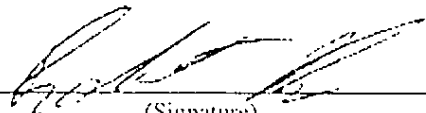
of DALLAS, Texas is duly organized under the laws of said state and
(City/State)

is authorized to transact the business of

Life(Lines of Insurance)^{1*}

insurance in this state.

IN TESTIMONY WHEREOF, I have hereunto set my hand at Austin, Texas
(Location)on November 7, 2019


(Signature)

Robert Rudnai
(Printed Name)

* Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.

** Lines of Insurance as shown on Form 3 of UCAA