

F200000004447

(Requestor's Name)

(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

W20000109176

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2020 OCT -9 PM 4:38
ST. JOSEPH COUNTY
TALLAHASSEE, FLORIDA

45
10/9/20



Liberty Bankers
Insurance Group | American Benefit Life
American Benefit Life Insurance Company
1605 Lyndon B. Johnson Freeway
Suite 700, Dallas, TX 75234
(469) 522-4400

AMERICAN BENEFIT LIFE INSURANCE COMPANY NAIC 66001

October 6, 2020

Florida Department of State
Division of Corporations
Attention: Yvette Scott
Document Specialist II
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

Via Federal Express

FILED
2020 OCT -9 PM 4:38
CLERK OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: AMERICAN BENEFIT LIFE INSURANCE COMPANY
Ref. Number: W20000109176

Dear Ms. Scott:

Enclosed is the *Application by Foreign Corporation for Authorization to Transact Business in Florida* for American Benefit Life Insurance Company (the "Company").

The Articles of Incorporation for the above-referenced corporation (the "Dissolved Business") were filed in error as a domestic corporation rather than a foreign corporation on September 28, 2015. The Dissolved Business and the Company, are one and the same company. The Dissolved Business has no intention of revoking the voluntary dissolution which was filed on August 5, 2020, and thus grants unconditional consent to the Company to use the name American Benefit Life Insurance Company in the state of Florida.

Also enclosed herewith is a return Fed Ex envelope for your use in returning the file-stamped copies of the documents to me.

If you have any questions or need additional information, please feel free to contact me directly at 469-522-4332.

Sincerely,

A handwritten signature in black ink, appearing to read 'Janet Gustafson'.

Janet Gustafson
Senior Vice President, Compliance
and Secretary



FLORIDA DEPARTMENT OF STATE
Division of Corporations

COMPLIANCE DEPT.
SEP 28 2020
RECEIVED

September 22, 2020

JANET GUSTAFSON
1605 LBJ FWY
SUITE 700
DALLAS, TX 75234

SUBJECT: AMERICAN BENEFIT LIFE INSURANCE COMPANY
Ref. Number: W20000109176

We have received your document for AMERICAN BENEFIT LIFE INSURANCE COMPANY and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott
Document Specialist II

Letter Number: 220A00018193

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICAN 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:

JANET GUSTAFSON

Name of Person

AMERICAN BENEFIT LIFE INSURANCE COMPANY

Firm/Company

1605 LBJ FWY, Suite 700

Address

Dallas, Texas 75234

City/State and Zip code

Compliance@LBIG.com

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

For further information concerning this matter, please call:

JANET GUSTAFSON

at (469) 522-4332

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☒ \$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

FILED
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REGISTRATION SECTION
TALLAHASSEE, FLORIDA

**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. AMERICAN 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. OKLAHOMA 3. 73-0353520

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 17, 1909

(Date of incorporation)

5. _____

(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. 1605 LBJ FWY, Suite 700, Dallas, Texas 75234

(Principal office street address)

(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

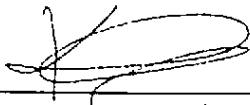
Plantation, Florida 33324

(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.



(Registered agent's signature) Kimberly Bowens, Asst. Secretary

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☒ Chairman Name: Bradford Phillips
☐ Vice Chairman Address: 1065 LBJ FWY, #700, DALLAS, TX 75234
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Janet Gustafson
☐ Vice Chairman Address: 1065 LBJ FWY, #700, DALLAS, TX 75234
☐ Director _____
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☒ Other SVP Compliance ☐ Other _____

☐ Chairman Name: Vaughn Vaughan
☐ Vice Chairman Address: 1065 LBJ FWY, #700, DALLAS, TX 75234
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Michel Simard
☐ Vice Chairman Address: 1065 LBJ FWY, #700, DALLAS, TX 75234
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Larry Tunnell
☐ Vice Chairman Address: 1065 LBJ FWY, #700, DALLAS, TX 75234
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Raymond Martin, Jr.
☐ Vice Chairman Address: 1065 LBJ FWY, #700, DALLAS, TX 75234
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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. Janet Gustafson, SVP Compliance and Secretary
(Typed or printed name and capacity of person signing application)

A. DIRECTORS

☐ Chairman Name: John Doak

☐ Vice Chairman Address: 1605 LBJ FWY, #700, Dallas, TX 75234

☒ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Thomas Munson

☐ Vice Chairman Address: 1605 LBJ FWY, #700, Dallas, TX 75234

☒ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: Billy Hill, Jr.

☐ Vice Chairman Address: 1605 LBJ FWY, #700, Dallas, TX 75234

☒ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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13. Janet Gustafson, SVP Compliance and Secretary
(Typed or printed name and capacity of person signing application)

OFFICE OF THE SECRETARY OF STATE



CERTIFICATE OF GOOD STANDING
DOMESTIC FOR PROFIT CORPORATION INSURANCE

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that AMERICAN BENEFIT LIFE INSURANCE COMPANY whose registered agent is NATIONAL REGISTERED AGENTS INC. with its registered office at 1833 SOUTH MORGAN ROAD, OKLAHOMA CITY 73128 USA Oklahoma is a Domestic For Profit Corporation Insurance duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this 7th, day of October, 2020.

Secretary Of State