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(Address)

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CLERK OF STATE
TALLAHASSEE, FL

[Handwritten signature]

ManhattanLife of America Insurance Company
10777 Northwest Freeway
Houston, TX 77092



ManhattanLife[™]

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: New Company Registration

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ManhattanLife of America 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:

Robert J. Coleman

Name of Person

ManhattanLife of America Insurance Company

Firm/Company

10777 Northwest Freeway

Address

Houston, Texas 77092

City/State and Zip code

RobertColeman@manhattanlife.com

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

For further information concerning this matter, please call:

Robert Coleman

at (713)

821-6482

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

**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. ManhattanLife of America 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. Arkansas 3. 84-3162777
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. February 13, 2020 5. _____
(Date of incorporation) (Date of duration, if other than 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. 425 West Capitol Ave., Suite 1800 Little Rock, AR 72201
(Principal office street address)

10777 Northwest Freeway, Houston, TX 77092
(Current mailing address, if different)

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

Name: CFO, Office of Insurance Regulation
Office Address: The Larson Building, 200 East Gaines Street
Tallahassee, Florida 32399-0305
(City) (Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FL

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.

Per Florida Statute 48.151

(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. 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: David W. Harris
☐ Vice Chairman Address: 10777 Northwest Freeway
☐ Director Houston, TX 77092
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other Chief Executive C ☐ Other _____

☐ Chairman Name: Daniel J. George
☐ Vice Chairman Address: 10777 Northwest Freeway
☐ Director Houston, TX 77092
☒ President _____
☐ Vice President _____
☐ Secretary _____ ☒ Treasurer _____
☐ Other _____ ☐ Other _____

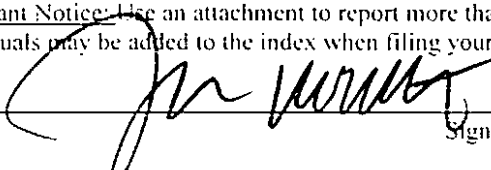
☐ Chairman Name: John E. McGettigan
☐ Vice Chairman Address: 10777 Northwest Freeway
☒ Director Houston, TX 77092
☐ President _____
☐ Vice President _____
☒ Secretary _____ ☐ Treasurer _____
☒ Other Exec. VP ☒ Other General Counsel

☐ Chairman Name: Kent W. Lamb
☐ Vice Chairman Address: 10777 Northwest Freeway
☒ Director Houston, TX 77092
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other Sr. VP ☐ Other _____

☐ Chairman Name: Teresa S. Moro
☐ Vice Chairman Address: 10777 Northwest Freeway
☒ Director Houston, TX 77092
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other Sr. VP ☐ 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.

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. John E. McGettigan, Executive Vice President, Secretary, General Counsel
(Typed or printed name and capacity of person signing application)

STATE OF ARKANSAS
State Insurance Department
CERTIFICATE OF COMPLIANCE

I, the undersigned Arkansas Insurance Commissioner, do hereby certify that MANHATTANLIFE OF AMERICA INSURANCE COMPANY (16755), duly organized under the laws of this State, is authorized to issue policies and transact the business of Life and Accident & Health, as of December 31, 2020.

In Witness Whereof, I have hereunto set my hand and affixed the official seal of this Department at the City of Little Rock, Arkansas, this 5 day of May, 2021.



INSURANCE COMMISSIONER

