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Florida Department of State
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To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
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

SBLI USA Life Insurance Company, Inc.

***PLEASE PROVIDE
THE ORIGINAL
SUBMISSION DATE
OF 4/21/22***

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$78.75

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Corporate Filing Menu

Help

S. FRANKLIN

APR 25 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SBLI USA Life Insurance Company, Inc.

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:

Joanna Hunsberger

Name of Person

SBLI USA Life Insurance Company, Inc.

Firm/Company

100 West 33rd St., Suite 1007

Address

New York, NY 10001

City/State and Zip code

Joanna.Hunsberger@prosperitylife.com

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

For further information concerning this matter, please call:

Joanna Hunsberger

at (540) 985-4201

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. SBLI USA Life Insurance Company, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
2. New York 3. 13-4076788
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. August 30, 1999 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. 100 West 33rd St., Suite 1007 New York, NY 10001
(Principal office street address)
(Current mailing address, if different)
8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: Capitol Corporate Services, Inc.
Office Address: 515 East Park Ave., 2nd Floor
Tallahassee, Florida 32301
(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.

Taylor Seay

Taylor Seay, Asst. Sec. on
behalf of Capitol Corporate 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.

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

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A. DIRECTORS

☒ Chairman Name: Bruce Schnitzer
☐ Vice Chairman Address: 174 West St.
Litchfield, CT 06759
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Nicholas von Moltke
☐ Vice Chairman Address: 100 West 33rd St., Ste. 1007
New York, NY 10001
☒ Director _____
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

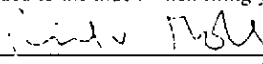
☐ Chairman Name: Jose Montemayor
☐ Vice Chairman Address: 7000 N. Mopax Expy, Ste. 200
Austin, TX 78731
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Anne Melissa Dowling
☐ Vice Chairman Address: 4 Grove Ave.
Madison, CT 06443
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: John Struck
☐ Vice Chairman Address: 174 West St.
Litchfield, CT 06759
☒ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Mark Cicirelli
☐ Vice Chairman Address: 40 West 57th St.
New York, NY 10024
☒ 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. NICHOLAS VON MOLTKE, PRESIDENT
 (Typed or printed name and capacity of person signing application)

Director, Patrick Frayne

Address: 40 West 57th St. New York, NY

Director, William Beshears

Address: 40 West 57th St. New York, NY

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Certificate of Good Standing

STATE OF NEW YORK
DEPARTMENT OF FINANCIAL SERVICES

It is hereby certified that

SBLI USA LIFE INSURANCE COMPANY, INC.

of New York, New York

was incorporated under the Laws of the State of New York on August 30, 1999, under the title of SBLI MUTUAL LIFE INSURANCE COMPANY OF NEW YORK, INC. and was licensed to transact insurance business in the State of New York on December 28, 1999 under the title of SBLI MUTUAL LIFE INSURANCE COMPANY OF NEW YORK, INC.;

that it changed its name to SBLI USA MUTUAL LIFE INSURANCE COMPANY, INC. on April 12, 2000.

that it changed its name to SBLI USA LIFE INSURANCE COMPANY, INC. on October 8, 2014.

IT IS HEREBY FURTHER CERTIFIED that the aforesaid Company is duly authorized in the State of New York to transact the business of life, annuities and accident and health insurance as specified in the paragraph(s) 1, 2 and 3 of Section 1113(a) of the New York Insurance Law, and has been continuously licensed and remains in good standing to the date of this certificate.



In Witness Whereof, I have hereunto set my hand
and affixed the official seal of this Department
at the City of Albany, New York, this
12th day of April, 2022

ADRIENNE A. HARRIS

Superintendent

By

[Signature]

Special Deputy Superintendent

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