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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

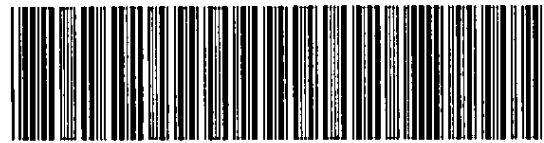
(Business Entity Name)

(Document Number)

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2022 JUN -1 AM 10:05

S. FRANKLIN

JUN 19 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Farmers 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:

Kevin Wiggs

Name of Person

First Consulting & Administration

Firm/Company

929 Walnut, Suite 300

Address

Kansas City, MO 64106

City/State and Zip code

kevin.wiggs@firstconsulting.com

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

For further information concerning this matter, please call:

Ben Jacobs

at (865) 444-0613

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 State ☐ \$78.75 Filing Fee & Certificate of State ☐ \$87.50 Filing Fee, Certificate of State & Certificate of Good Standing

**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. Farmers 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. TN 3. 62-1665962
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/12/1997 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. 243 North Peters Road, Knoxville, TN 37923
(Principal office street address)

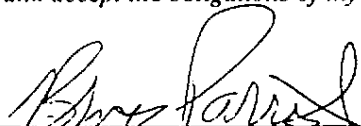
243 North Peters Road, Knoxville, TN 37923
(Current mailing address, if different)

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

Name: URS Agents
Office Address: 3458 Lakeshore Drive
Tallahassee, Florida 32312
(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) Assistant 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]:

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A. DIRECTORS

☐ Chairman Name: Ben Jacobs
☐ Vice Chairman Address: 243 North Peters Road
☒ Director Knoxville, TN 37923
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Dominic Cursio
☐ Vice Chairman Address: 243 North Peters Road
☐ Director Knoxville, TN 37923
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Phillip Haire
☐ Vice Chairman Address: 243 North Peters Road
☒ Director Knoxville, TN 37923
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Zachary Haire
☐ Vice Chairman Address: 243 North Peters Road
☒ Director Knoxville, TN 37923
☐ 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.

12. Benjamin Jacobs
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. Benjamin Jacobs
(Typed or printed name and capacity of person signing application)



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

KEVIN WIGGS
300
929 WALNUT
KANSAS CITY, MO 64106

May 31, 2022

Request Type: Certificate of Existence/Authorization
Request #: 0478177

Issuance Date: 05/31/2022
Copies Requested: 1

Document Receipt

Receipt #: 007269645 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3830136302 \$20.00

Regarding: FARMERS LIFE INSURANCE COMPANY
Filing Type: For-profit Corporation - Domestic Control #: 327104
Formation/Qualification Date: 03/12/1997 Date Formed: 03/12/1997
Status: Active Formation Locale: TENNESSEE
Duration Term: Perpetual Inactive Date:
Business County: KNOX COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

FARMERS LIFE INSURANCE COMPANY

- * is a Corporation duly incorporated under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett

Tre Hargett
Secretary of State

Section 14. State-Specific Information
14.b. Certificate of Compliance and Deposit
Farmers Life Insurance Company
State of Domicile: Tennessee
NAIC CoCode: 60230
FEIN: 62-1665962
Expansion Application: 1494243-000

STATE OF TENNESSEE



OFFICE OF
INSURANCE COMMISSIONER

I, CARTER LAWRENCE, State Insurance Commissioner, do hereby certify that I am the state official charged with the general control and supervision of all insurance business transacted in the State of Tennessee and charged with the administration of the laws relating to insurance in said jurisdiction, and that this office is a department of record, having custody of original documents.

I FURTHER CERTIFY that Farmers Life Insurance Company (NAIC# 60230), was duly organized and incorporated under laws of the State of Tennessee, and having complied with the requirements of said laws, has been authorized since 11/19/1997, and is authorized to issue policies and transact the business of Life Insurance, as defined in Tennessee Code Annotated Title 56 and the Rules of the Tennessee Department of Commerce and Insurance.

AND I FURTHER CERTIFY that as of 3/4/2021, Farmers Life Insurance Company had \$215,440 on deposit with the State of Tennessee. This deposit is held in trust and safekeeping with a qualified custodian, under a tripartite agreement by and between the Insurance Commissioner, the Custodian, and the Company for the benefit of all policyholders and creditors of the Company.

IN WITNESS WHEREOF, I have hereunto set my hand and
affixed the official seal of the Insurance Commissioner of
the State of Tennessee, this day Mar 5, 2021



CARTER LAWRENCE
Insurance Commissioner