

F22 000 003 819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

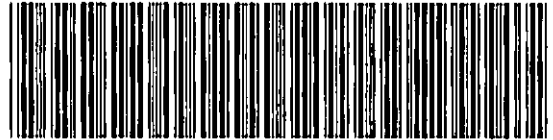
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700394557987

5.0 1.22--01039--009 \*\*39.00

2022 SEP 21 AM 9:25

RA Chang

DEC 21 2022

D CUSHING

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Farmers Life Insurance Company  
Name of Corporation

DOCUMENT NUMBER: F22000003819

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin Wigga

Name of Contact Person

First Consulting & Administration

Firm/Company

929 Walnut, Suite 300

Address

Kansas City, MO 64106

City/State and Zip Code

bjacobs@farmerslifeins.com

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

For further information concerning this matter, please call:

Ben Jacobs

Name of Contact Person

at 865

444-0613

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

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

2022 SEP 21 AM 9:25



September 20, 2022

Florida Department of State  
Division of Corporations, Registration Section  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

RE: Farmers Life Insurance Company  
NAIC# 60230 FEIN # 62-1665962  
**Application for Authorization**

Dear Sir or Madam:

On behalf of Farmers Life Insurance Company we have enclosed resident agent change form to appoint the FL CFO as the new resident agent. This request was made by the Florida Insurance Department in order to complete an authority application as an insurer in their state

If you have any questions or need additional information, please call 816-391-2736.  
Thank you for your assistance.

Sincerely,

FIRST CONSULTING & ADMINISTRATION

A handwritten signature in black ink, appearing to read "Kevin Wiggs", with a stylized flourish at the end.

Kevin Wiggs  
Licensing Coordinator  
E-mail: [kevin.wiggs@firstconsulting.com](mailto:kevin.wiggs@firstconsulting.com)  
Extension: 2736



## OFFICE OF INSURANCE REGULATION

**DAVID ALTMAIER**  
COMMISSIONER

**FINANCIAL SERVICES  
COMMISSION**

**RON DESANTIS**  
GOVERNOR

**JIMMY PATRONIS**  
CHIEF FINANCIAL OFFICER

**ASHLEY MOODY**  
ATTORNEY GENERAL

**NICOLE "NIKKI" FRIED**  
COMMISSIONER OF  
AGRICULTURE

September 7, 2022

VIA EMAIL to [Kevin.Wiggs@firstconsulting.com](mailto:Kevin.Wiggs@firstconsulting.com) . 3 pages

Kevin Wiggs  
First Consulting & Administration  
929 Walnut, Suite 300  
Kansas City, MO 64106

RE: Farmers Life Insurance Company - UCAA Expansion Application for a Florida  
Life and Health Certificate of Authority

Dear Mr. Wiggs:

The Office of Insurance Regulation ("OIR") is currently reviewing Farmers Life Insurance Company's ("Applicant") UCAA Expansion Application for Certificate of Authority as a Foreign Insurer pursuant to Chapter 624, Florida Statutes. Please be advised that until OIR receives the information requested below, we will be unable to continue processing this application. OIR hereby requests the following information.

- 1) Please provide the approximate number of employees that Applicant currently has in Florida as well as the number of additional employees, if any, Applicant expects to hire in Florida should Applicant's application be approved.
- 2) Please provide the name and email address of the individual to whom correspondence should be addressed post licensure regarding regulatory reporting including, but not limited to, the annual report filing.
- 3) Please submit a Certificate of Status issued by the Florida Secretary of State within the last year evidencing registration as a foreign corporation.
- 4) Applicant's Service of Process does not include, under the Certification on page 4, the date of the meeting or date of written consent on which the Board of Directors or governing board adopted the resolution of consent to service. Please submit the Service of Process with the date entered as described.

Mr. Wiggs

RE: Famers Life Insurance Company - UCAA Expansion Application for a Florida Life and Health Certificate of Authority

September 7, 2022 - Page 2

5) Section 624.422, Florida Statutes, requires that all domestic, foreign, or alien insurers transacting insurance business in Florida appoint the Florida Chief Financial Officer (CFO) as its agent to receive service of process. However, according to the information on the Florida Department of State, Division of Corporations, website (<https://dos.myflorida.com/sunbiz/>), Applicant has appointed URS Agents. Applicant should confirm that it will update this information with the Florida Department of State to properly designate the Florida CFO as required.

6) OIR is in receipt of a UCAA proforma financial statement from Applicant that appears to have numerous errors throughout. Please submit a complete proforma that covers years 2022-2024 with no errors. Please make sure to update each tab on the UCAA template and include all assumptions.

7) Please provide the anticipated nationwide and Florida specific membership enrollment for the years 2022-2024.

8) Applicant has indicated that it is also applying for licensure in Delaware and Pennsylvania. Please provide a status update on each of these applications.

9) Should Applicant's application be approved, Applicant will need to submit an anti-fraud plan through the Florida Department of Financial Services Anti-Fraud Plan filing and Employee Designation portal ("FREDD") at <https://antifraudportal.flds.com/>, for approval within six months of receipt of Applicant's Certificate of Authority. Please acknowledge that Applicant understands this requirement.

10) Pursuant to Section 626.9651, Florida Statutes, OIR requires that Applicant has cyber security and disaster response plans established that comply with rules 69O-128.032 and 69O-128.033, Florida Administrative Code. Please provide a statement signed by an officer of Applicant attesting that Applicant is compliant with the aforementioned statute and rules.

Note: Each officer, director, member/manager and stockholder with a 10% or greater ownership in the current licensee, and each officer, director, member/manager and stockholder with a 10% or greater ownership interest who exercises direct or indirect control of the parent company must submit a Biographical Affidavit and two fingerprint cards. The Applicant must also arrange to submit a background report on each of the above individuals. Therefore, changes in officers, directors, members/managers or stockholders while the application is in process, or omissions from the initial filing, will make additional background submissions necessary to complete the application.

Please be advised that background information issues, if any, will be addressed under separate cover, will be for the sole use of the intended recipient(s) and may contain

Mr. Wiggs

RE: Famers Life Insurance Company - UCAA Expansion Application for a Florida  
Life and Health Certificate of Authority

September 7, 2022 - Page 3

information that is confidential or legally protected. Likewise, your response regarding background information issues should be made under separate cover.

In responding to the above information requests, please include any and all additional information, documentation, and explanations which are relevant to the matter involved to enable OIR to fully understand all material facts and make a determination as to whether all requirements for approval of the application have been satisfied. Additional questions may be forthcoming based on the results of these reviews.

Please respond to this request in writing and provide the additional requested information no later than September 21, 2022. Please respond via email to [jamaal.maddox@florir.com](mailto:jamaal.maddox@florir.com) with a carbon copy to [carter.layton@florir.com](mailto:carter.layton@florir.com). The response letter should be emailed as a separate document with each attachment separated as well. If you have any questions regarding this application, please contact me via email.

Sincerely,

*Jamaal Maddox*

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of TN in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: Farmers Life Insurance Company
2. The principal office address: 243 North Peters Road, Knoxville, TN 37923
3. The mailing address (if different): 243 North Peters Road, Knoxville, TN 37923
4. Date of incorporation/qualification: 03/27/1997 Document number: F22000003819
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

URS Agents

3458 Lakeshore Drive

Tallahassee, FL 32312

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Florida Chief Financial Officer

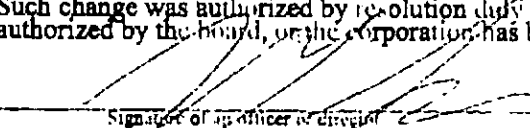
200 East Gaines Street

P.O. Box NOT acceptable

Tallahassee, FL 32399

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Ben Jacobs, CEO  
Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

per Section 624.422, Florida Statutes

9/16/2022

Signature of Registered Agent

Date

If signing on behalf of an entity:

Florida Chief Financial Officer

Typed or Printed Name

**\*\*\* FILING FEE: \$35.00 \*\*\***

**MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314**

CR2E045 (04/13)

2022 SEP 21 AM 9:25