

F 23000000628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

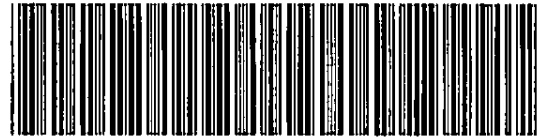
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Securico 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:

Jodie A Tedrow

Name of Person

Securico Life Insurance Company

Firm/Company

6911 North RR 620, Ste A-300

Address

Austin Texas 78732

City/State and Zip code

jtedrow@securicolife.com

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

For further information concerning this matter, please call:

Jodie A Tedrow

Name of Person

at (855)

Area Code

877-5433

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. Securico 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. Texas 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 1 August 1984 5. perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. No transactions yet
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6911 North RR 620, Ste A-300 Austin, TX 78732
(Principal office street address)

(Current mailing address, if different)

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

Name: Florida Chief Financial Officer

Office Address: 200 E. Gaines St
Tallahassee, Florida 32399-0000
(City) (Zip code)

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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)

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: Robert L. Myer
☐ Vice Chairman Address: 26701 Founders Place
☒ Director Spicewood, TX 78669
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Matthew Bowers
☐ Vice Chairman Address: 326 Trail View Lane
☒ Director Garland, TX 75043
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Christopher Ferraro
☐ Vice Chairman Address: 410 N Gadsden Street
☒ Director Tallahassee, FL 32301
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Jodie A Tedrow
☐ Vice Chairman Address: 117 Schooner Drive
☒ Director Lakeway, TX 78738
☐ President _____
☐ Vice President _____
☒ Secretary ☒ Treasurer
☒ Other CFO ☐ Other _____

☐ Chairman Name: Gregory Palmquist
☐ Vice Chairman Address: 333 Jackson Street
☒ Director Denver CO 80206
☐ 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. _____
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. Jodie A Tedrow, Secretary/Treasurer
(Typed or printed name and capacity of person signing application)

Texas Department of Insurance

Amended Certificate of Authority

License no. 6033

Licensed since: August 17, 1984

Department Certification

Securico Life Insurance Company
domestic stock casualty company
organized under the laws of the state of Texas

This entity has complied with the laws of the state of Texas as applicable and is authorized to transact the following lines of insurance:

Accident, Health, Life

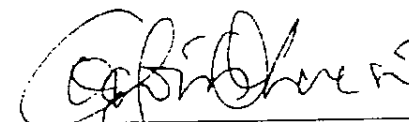
This amended certificate of authority is in full force and effect until it is revoked, canceled, or suspended according to law.

Given under my hand and official seal of office
in the city of Austin,

February 10, 2016

DAVID C. MATTAX
COMMISSIONER OF INSURANCE

BY



Godwin Ohaechesi, Director
Company Licensing and Registration
Commissioner's order no. 3632

