


F9500000267 

UNIFIED LIFE INSURANCE COMPANY

P.O. Box 25326
Overland Park, KS 66225-5326
913-685-2204

May 26, 1995

Mr. Steve Harris
Qualification/Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -2 AM 10:05
000001505910
-06/06/95--01015--024
****122.50 ****122.50

Re: Unified Life Insurance Company

Dear Mr. Harris,

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", Texas Certificate of Authority and a check in the amount of \$122.50 are submitted to register the above referenced foreign corporation to transact business in Florida.

As we discussed in our telephone conversation the Texas Secretary of State Department has informed me that the Texas Insurance Department indicates that a domiciled Insurance Company is in good standing when issued a Certificate of Authority.

Please return all correspondence concerning this matter to the following:

Jack Fletcher
Unified Life Insurance Company
P.O. Box 25326
Overland Park, KS 66225-5326

Should you have any questions concerning this matter, please call me at (913)685-2233.

Sincerely,


Jack Fletcher
Corporate Services

JF:kat
Enc.

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACTION BUSINESS IN THE
STATE OF FLORIDA:**

1. UNITED LIFE INSURANCE COMPANY
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. TEXAS 3. 76-0102023
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JUN 7, 1985 5. PERPETUITY
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. NO BUSINESS TRANSACTIONS IN FLORIDA TO DATE
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)
7. P.O. BOX 25326
OVERLAND PARK KS. 66225-5326
(Current mailing address)
8. LIFE AND ACCIDENT AND HEALTH INSURANCE
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Name: Insurance Commissioner
Office Address: Capitol
Tallahassee, Florida, 32399-0300
(Zip Code)

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10. 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.

INSURANCE COMMISSIONER
(Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: WILLIAM M. ECKHART (and Director)

Address: 15904 Meadow Lane
STANLEY KS.

Vice Chairman: _____

Address: _____

Director: TIMOTHY J. ECKHART (and V.P.)

Address: 14016 Sunnyside Lane
GLASSBORO NJ.

Director: WILLIAM M. ECKHART III (and Director)

Address: 8711 W. 31st Street
Overland Park KS.

B. OFFICERS

President: FRANK M. NEIDIG (and Director)

Address: 11555 Hanlock Street
Overland Park KS.

Vice President: ANDREW LAWRENCE WILTSIE (and Director)

Address: 5504 W. 129th Street
Overland Park KS.

Secretary: MARY M. RIXLY

Address: 3713 W. 120th Street
Leawood KS.

Treasurer: MARY M. RIXLY

Address: 3713 W. 120th Street
Leawood KS

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Frank M. Neidig
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. FRANK M. NEIDIG, PRESIDENT
(Typed or printed name and capacity of person signing application)

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Texas Department of Insurance

333 Guadalupe Street P.O. Box 149104 Austin, Texas 78714-9104
512/463-6109

STATE OF TEXAS

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COUNTY OF TRAVIS

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The Commissioner of Insurance, as the chief administrative and executive officer and custodian of records of the Texas Department of Insurance has delegated to the undersigned the authority to certify the authenticity of documents filed with or maintained by or within the custodial authority of the INSURER SERVICES SECTION of the Texas Department of Insurance.

Therefore, I hereby certify that the attached documents are true and correct copies of the documents described below. I further certify that the documents described below are filed with or maintained by or within the custodial authority of the INSURER SERVICES SECTION of the Texas Department of Insurance.

The current Certificate of Authority, No. 9096 for UNIFIED LIFE

INSURANCE COMPANY, Houston, Texas, dated December 27, 1989,

consisting of (1) one page.

IN TESTIMONY WHEREOF, witness my hand and seal of office at Austin, Texas, this 6th day of February, 1995.

ELTON BOMER
COMMISSIONER OF INSURANCE

BY:

Cindy Thurman
Cindy Thurman, Admissions Officer
Insurer Services
Order No. 94-0708

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STATE OF TEXAS
STATE BOARD OF INSURANCE

Certificate No. 9096



Company No. 01-05444

CERTIFICATE OF AUTHORITY

THIS IS TO CERTIFY THAT

UNIFIED LIFE INSURANCE COMPANY

HOUSTON, TEXAS

has complied with the laws of the State of Texas applicable thereto and is hereby authorized to trans-
act the business of

Life; Accident and Health

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insurance within the State of Texas. This Certificate of Authority shall be in full force and effect until
it is revoked, canceled or suspended according to law.

IN TESTIMONY WHEREOF, witness my

hand and seal of office at Austin, Texas, this

27th day of December A. D. 1989

A handwritten signature in dark ink, appearing to read "A.W. Fyfe", is written over a horizontal line.

COMMISSIONER OF INSURANCE