F96000002814

SRC 8-0268

Anthem Health

Anthem Health & Life Insurance Company
One Centennial Avenue
P.O. Box 1326
Piscataway, New Jersey 08855-1326
(908) 980-7016 Fax: (908) 980-4160
E-mail: jerry_hanrahan@pl.anthemhealth.com

Jeremiah J. Hanrahan
General Counsel

May 29, 1996

500001869135
-06/20/96--01027--009
*****35.00 *****35.00

Susan Payne
Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Home Life Financial Assurance Corporation (HLFAC)

Dear Ms. Payne:

Enclosed please find the requested material along with the $35 fee.

Also enclosed is a copy of the Florida Consent Order of Domestication evidencing Home Life Financial Assurance Corporation's Redomestication to Ohio; a copy of the Ohio Certificate of Compliance, evidencing incorporation under the laws of Ohio (before redomesticating to Indiana); and the certified Indiana approval allowing HLFAC to become an Indiana domiciled company and to change its name to Anthem Health & Life Insurance Company.

Should you require anything further, please feel free to contact me.

FILED
96 JUN -4 AM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Very truly yours,

Jeremiah J. Hanrahan

JJH:km
(florida)

New qualification - this corp. redomesticated from Florida to Ohio.
/sp 6/4/96

Enclosures

FILING 35
R. AGENT
CERT. COPY
CUS
OVERPAYMENT
TOTAL 35

# 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. HOME LIFE FINANCIAL ASSURANCE CORPORATION
(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. OHIO
(State or country under the law of which it is incorporated)

3. 59-1031071
(FEI number, if applicable)

4. May 2, 1963
(Date of incorporation)

5. perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. August 31, 1994 (as a foreign insurer) redomesticated from Florida as #269570, filed in FL 5/2/63
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 817.155, F.S.)

7. One Centennial Avenue
Piscataway, NJ 08855-1326
(Current mailing address)

8. business of insurance
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

FILED
96 JUN -4 AM 10:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. **Name and street address of Florida registered agent:**

Name: Insurance Commissioner

Office Address: Capital Building

Tallahassee, Florida, 32399
(Zip Code)

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.*

xxxxxxxxxxxxxxxxxxxxxxxxxxxx
(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: (Street address ONLY- P. O. Box NOT acceptable)

A. **DIRECTORS (Street address only- P. O . Box NOT acceptable)**

Chairman: See Attached

Address: _____

_____

Vice Chairman: _____

Address: _____

_____

Director: _____

Address: _____

_____

Director: _____

Address: _____

_____

**B. OFFICERS (Street address only- P. O. Box NOT acceptable)**

President: See Attached

Address: _____

_____

Vice President: _____

Address: _____

_____

Secretary: _____

Address: _____

_____

Treasurer: _____

Address: _____

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

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

14. Jeremiah J. Hanrahan, Assistant Secretary
(Typed or printed name and capacity of person signing application)

12. Names and addresses of officers and/or directors: (Street address ONLY - PO Box NOT acceptable):

A. **Directors** (Street address only - PO Box NOT acceptable)

Chairman: Stefen F. Brueckner
4040 Vincennes Circle
Indianapolis, IN 46268

Director: James A. White
One Centennial Avenue
Piscataway, NJ 08855-1326

Director: Alan D. Ford
One Centennial Avenue
Piscataway, NJ 08855-1326

Director: Max E. Deal
4040 Vincennes Circle
Indianapolis, IN 46268

Director: Sandra Miller
4040 Vincennes Circle
Indianapolis, IN 46268

B. **Officers** (Street address only - PO Boxes NOT acceptable

| | |
|---|---|
| President: | James A. White<br>One Centennial Avenue<br>Piscataway, NJ 08855-1326 |
| Chairman and<br>Chief Executive Officer: | Stefen F. Brueckner<br>4040 Vincennes Circle<br>Indianapolis, IN 46268 |
| Chief Actuary: | Alan D. Ford<br>One Centennial Avenue<br>Piscataway, NJ 08855-1326 |
| Treasurer: | George D. Martin<br>120 Monument Circle<br>Indianapolis, IN 46204 |
| Assistant Treasurer: | Max E. Deal<br>4040 Vincennes Circle<br>Indianapolis, IN 46268 |
| Corporate Secretary: | Nancy Purcell<br>120 Monument Circle<br>Indianapolis, IN 46204 |
| Assistant Secretary: | Sandra Miller<br>4040 Vincennes Circle<br>Indianapolis, IN 46268 |
| Assistant Secretary,<br>Assistant Treasurer: | Jeremiah J. Hanrahan<br>One Centennial Avenue<br>Piscataway, NJ 08855-1326 |

(bodanth\krn)

# State of Florida

## DEPARTMENT OF INSURANCE AND TREASURER

### Tallahassee, Florida

*September 21, 1994*

I, the undersigned, Insurance Commissioner of the State of Florida, do hereby certify that

*the annexed copies of the Consent Order, Case No. 08496-94-C-SSM*

*HOME LIFE FINANCIAL ASSURANCE CORPORATION*

*has been compared with the original on file in this department and that it is a correct transcript there-from and of the whole of said original.*

SEAL

IN TESTIMONY WHEREOF, I hereto subscribe my name, and affix the Seal of my Office, at Tallahassee, the day and year first above written.

Tom Gallagher

Insurance Commissioner and Treasurer

STID FORM NO. G-3

OFFICE OF THE TREASURER
DEPARTMENT OF INSURANCE
The Capitol, Tallahassee, Florida 32399-0300

FILED
AUG 31 1994
TOM GALLAGHER
TREASURER AND
INSURANCE COMMISSIONER
Docketed by:

TOM GALLAGHER
TREASURER
INSURANCE COMMISSIONER
FIRE MARSHAL

IN THE MATTER OF:

CASE NO.: 08496-94-C-SSM

An Application for Order of Domestication of **HOME LIFE FINANCIAL ASSURANCE CORPORATION**, a domestic insurer
_____/

ORDER OF DOMESTICATION
PURSUANT TO SECTIONS 628.525 and
628.530, FLORIDA STATUTES

THIS CAUSE came to be considered upon a filing by **HOME LIFE FINANCIAL ASSURANCE CORPORATION**, a domestic insurer with the Department of Insurance on or about July 22, 1994 and an Consent Order approving the Acquisition of the domestic insurer by **CMIC Holding Company**, an Ohio Corporation dated June 29, 1993. Paragraph 4 of the Consent Order provided in essence that **HOME LIFE FINANCIAL ASSURANCE CORPORATION** shall redomesticate to another state within 12 months after final entry of the Consent Order. **HOME LIFE FINANCIAL ASSURANCE CORPORATION** now desires to domesticate to Ohio pursuant to Sections 628.525 and 628.530, Florida Statutes. The Ohio Department of Insurance On July 22, 1994 entered an Order approving the domestication of said insurer to Ohio. After a complete review of the entire record, and upon consideration thereof and being otherwise fully advised in the premises, the Treasurer and Insurance Commissioner, as head of the Department of Insurance, finds as follows:

1. The Treasurer and Insurance Commissioner, as head of the Department of Insurance, has jurisdiction over the subject matter and of the parties herein.

2. **HOME LIFE FINANCIAL ASSURANCE CORPORATION**, a domestic insurer, is admitted to Ohio as a foreign insurer.

3. The transfer of domicile is in the best interests of the policyholders of this state.

IT IS THEREFORE ORDERED:

1. The application for an order of domestication of **HOME LIFE FINANCIAL ASSURANCE CORPORATION**, a domestic insurer, to the State of Ohio, be and the same is hereby approved; and

2. **HOME LIFE FINANCIAL ASSURANCE CORPORATION** is hereby authorized, to transact business as a foreign insurer in the State of Florida.

**DONE AND ORDERED** at Tallahassee, Florida, this 31st day of August, 1994.

HERB CLARK
Assistant Treasurer and
Insurance Commissioner

STATE OF OHIO

DEPARTMENT OF INSURANCE

# CERTIFICATE OF COMPLIANCE

Whereas, HOME LIFE FINANCIAL ASSURANCE CORP located at CINCINNATI in the State of OHIO and incorporated under the laws of OHIO has complied with the laws of this State applicable to such organizations, it hereby is authorized to transact in this State, in accordance with the laws thereof, until the first day of July 1996, the business of

insurance pursuant to Section 3911.01 of the Ohio Revised Code.

September 13, 1995

In witness whereof, I have signed my name and caused my seal to be affixed at Columbus, Ohio, this day and date.

Harold J. Duryee

Director of Insurance of Ohio

#591031071