GEROLO STATE ABBUTING COMPANY Phono 515/283-0285 STATE ABBUTING COMPANY

October 24, 1996

Qualification/Tax Lien Section Division of Corporation PO Box 6327 Tallahassee FL 32314 700001989027--5 -10/29/96--01119--010 ****122.50 ****122.50

Re: American Travelers Assurance Company

Application for Authorization to Transact Business in Florida

Enclosed is your transmittal letter, lowa Certificate of Existence, and completed application form. We are also enclosing a check for \$122.50 to cover the registration fee and charge for a certified copy of the certificate.

We have designated the Insurance Commissioner as our registered agent and the person who will accept service of process for American Travelers Assurance Company. Obtain Bill Nelson's signature if it is necessary for acceptance.

Please send us the certified copy of our authorization as soon as possible so we may start our admission application process with the Insurance Department. Thank you.

Daryl Schoenfeld, FLMI, CLU, ChFC

Director of Compliance

TRANSMITTAL LETTER

TO: QUALIFICATION/TAX LIEN SECTION DIVISION OF CORPORATIONS

COURIER ADDRESS:

Qualification/Tax Lien Sec.

Division of Corporations

Tallahassee, Fl. 32399

409 E. Gaines St.

SUBJECT: AMERICAN TRAVELERS ASSURANCE COMPANY

MAILING ADDRESS:

P. O. Box 6327

Qualification/Tax Lien Sec.

Division of Corporations

Tallahassee, FL 32314

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:

	Partnership if no					7°, CORPORATION* oration instead of a	naturai pe	rson
(30	am or connuy ur	nder the law of w	hich it is incorp	orated)	(FEI numbe	r, if applicable)		_
4	Date of loss	, 1982	5	10	N/A	cease to exist or Tpo		
				(Duration:	Year corp. will	cease to exist or "pe	Bibemal,	_
6. (D:	N/A ate first transacte					<u></u>	-	
			orida. (See secto	na 607,1501, 60)7.1502, and 817.1	55, F.S.)	8	SEVIDIVIS
7	820 Keos	augua Way					96 OCT	22.00
	Des Moin	es, IA 5030	9_1575				7	
			t mailing addre	55)		-	29	£ 23 23 23 24
			•	•			P	CORPORATIONS
8. <u> </u>	Transact	Business of	Insurance (Company		dout in the state of F	ယ္မ	STA
	Vame and str		of Florida re	gistered	agent:		7	Š
		dress: 200 E						
		Talla	hassee		F	lorida , <u>323</u> 99-03	00	
		_				(Zip C		-
ın	Begistered -		.			- -		
	Registered a			_				
egist of all	ered agent al	nd agree to ac ive to the pro	ateo in this tin this cap: per and com	applications a specify. I fur whete nerf	on, I hereby ther agree to formance of	process for the ai accept the appo ocomply with the my duties, and I	intment	85

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 ar address	d addresses of officers and/or directors:(Stree					
A. DIRECTOR	S (Street address only- P. O . Box NOT acceptable)					
Chairman:Mny	Chairman: Maynard J. Axtell					
	Keosauqua Way					
Des	Moines, IA 50309-1575					
Vice Chairman:	Loroy J. Hanson					
Address:	820 Keosaugua Way					
	Des Moines, IA 50309-1575					
Director:	Frederick II. Lock					
Address:	820 Keosnuqua Way					
	Des Moines, IA 50309-1575					
Director:						
Address:						
	et address only- P. O. Box NOT acceptable)					
ျှင်းခြင်း	Maynard J. Axtell					
Address:	820 Keosauqua Way					
	Dos Moines, IA 50309-1575					
WECE President:	Edward A. Murphy					
Address:	820 Keosauqua Way					
·	Des Moines, IA 50309-1575					
Secretary:	Charles L. Peterson					
Address:	820 Keosauqua Way					
· · · · · · · · · · · · · · · · · · ·	Des Moines, IA 50309-1575					
Treasurer:	Gerald K. Blake					
Address:	820 Keosauqua Way					
NOTE: If necess	Des Moines, IA 50309-1575					
listing addition	ary, you may attach an addendum to the application and officers and or directors.					
13. (Signature	of Chairman, Vice Chairman, or any officer listed in number					
(orguerate)	12 of the application)					
14. (Typed or p	Maynard J. AxYell cinted name and capacity of person signing application)					

12. B. OFFICERS (Continued)

Molvin L. Rambo 820 Koosanqua Way Des Moines, IA 50309-1575 Vice President-Actuary

John E. Runyan 820 Koosauqua Way Des Moines, IA 50309-1575 Vice President-Controller

DIVISION OF CORPORATIONS
95 OCT 29 PM 3- 17

. .



No. 00092701 Date: 10/10/1996

SECRETARY OF STATE

490 DP-000069716 NATIONAL TRAVELERS ATTN: DARYL SCHOENFELD 820 KEO WAY DES MOINES, IA 50309

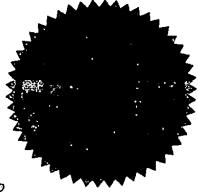
CERTIFICATE OF EXISTENCE

Name: AMERICAN TRAVELERS ASSURANCE COMPANY

Begin date: 19820629 Expiration: PERPETUAL

I, PAUL D. PATE, secretary of state of the state of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa on the date printed above, that all fees required by the Iowa business corporation act have been paid by the corporation, that the most recent annual corporate report has been filed by the secretary of state, and that articles of dissolution have not been filed.

SECRETARY OF STATE DIVISION OF CORPORATIONS



Can D. Cate

SECRETARY OF STATE

