P07086

(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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TALLAHASSEE, FLORIDA

RC
MD 7/7

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CITIZENS NATIONAL LIFE INSURANCE COMPANY
(Name of corporation)

DOCUMENT NUMBER: P07086

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Phillip E. Faller, AVP, Compliance
(Name of person)

Citizens National Life Insurance Company
(Name of firm/company)

P.O. Box 149151
(Address)

Austin, TX 78714-9151
(City/state and zip code)

For further information concerning this matter, please call:

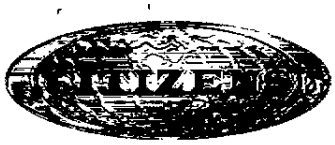
Phillip E. Faller at (512) 837-7100
(Name of person) (Area code & daytime telephone number)

Enclosed is a check for the following amount:

- ☐ $35.00 Filing Fee
- ☑ $43.75 Filing Fee & Certificate of Status
- ☐ $43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- ☐ $52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

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

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399



CITIZENS NATIONAL LIFE INSURANCE COMPANY

A Member of the Citizens, Inc. Financial Group

June 28, 2004

Florida Department of Insurance
Company Licensing Division
Attention: Mary Ann Dickey
200 East Gaines Street
Tallahassee, FL 23299-0323

Re: Citizens National Life Insurance Company, NAIC #82082;
Change of Name and City of Domicile within domestic state (Texas).

In response to your telephone request of June 25, 2004, I have enclosed a certified copy of the Texas Insurance Department's Certificate of Authority issued to Citizens National Life Insurance Company.

Should you need additional information, please call me (512) 837-7100.

Sincerely,

Phillip E. Faller,
AVP, Compliance

P.O. Box 149151 • Austin, TX 78714-9151 • Phone: 512-837-7100 • Fax: 512-836-9785

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

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TALLAHASSEE, FLORIDA

SECTION I
(1-3 MUST BE COMPLETED)

P07086
(Document number of corporation (if known))

1. Combined Underwriters Life Insurance Company
(Name of corporation as it appears on the records of the Department of State)

2. Texas
(Incorporated under laws of)

3. August 13, 1985
(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? May 13, 2004

5. Citizens National Life Insurance Company
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

N/A
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

N/A
(New jurisdiction)

Marcia F. Emmons
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

June 9, 2004
(Date)

Marcia F. Emmons
(Typed or printed name of person signing)

Secretary
(Title of person signing)

Texas Department of Insurance
Financial, Company Licensing & Registration, Mail Code 305-2C
333 Guadalupe • P. O. Box 149104, Austin, Texas 78714-9104

STATE OF TEXAS §
§
COUNTY OF TRAVIS §

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 Company Licensing & Registration Division 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 Company Licensing & Registration Division of the Texas Department of Insurance.

Current Certificate of Authority for CITIZENS NATIONAL LIFE INSURANCE COMPANY, Austin, Texas, No. 13609 dated May 13, 2004, consisting of one (1) page.

IN TESTIMONY WHEREOF, witness my hand and seal of office at Austin, Texas, this 2nd day of June 2004.

JOSE MONTEMAYOR
COMMISSIONER OF INSURANCE

BY:
Jeff Hunt, Admissions Officer
Company Licensing & Registration Division
Order No. 01-0692

Texas Department of Insurance

Certificate No. 13609

Company No. 20-018290

Certificate of Authority

THIS IS TO CERTIFY THAT

CITIZENS NATIONAL LIFE INSURANCE COMPANY

AUSTIN, TEXAS

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

Life; Accident and Health

as provided by Chapter 844 of the Texas Insurance Code

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

13th day of May A.D. 2004

JOSE MONTEMAYOR
COMMISSIONER OF INSURANCE

BY Godwin Ohaechesi

Godwin Ohaechesi, Director
Company Licensing & Registration