



819436

ULLICO Inc.
111 Massachusetts Ave., N.W.
Washington, DC 20001

Marcelle Benjamin
Corporate Legal Assistant
202/682-7911 Facsimile: 202/682-6784
e-mail: mbenjamin@ullicolaw.com

November 8, 2001

VIA UPS OVERNIGHT DELIVERY

Florida Department of State
Amendment Section
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

000004674630--1
-11/09/01--01067--001
*****35.00 *****35.00

Attn: Susan Payne

**RE: ULLICO Life Insurance Company
(Formerly, Bradford National Life Insurance Company ("Bradford"))
Application by Foreign Profit Corporation to File Amendment to Application for
Authorization to Transact Business in Florida
REF. NUMBER: 819436**

Dear Ms. Payne:

In response to your letter dated October 24, 2001, enclosed please find the completed applications reflecting the changes in domicile from Kentucky to Louisiana and from Louisiana to Texas. Also enclosed is the application for the name change.

You stated in your letter that you have the necessary application fees as well as the certification evidencing the change in jurisdiction from Kentucky to Louisiana and from Louisiana to Texas. Bradford's application should now be complete.

I have also enclosed a UPS overnight mail envelope and label which I have already filled out for billing to ULLICO. Would you be so kind as to send the certificate evidencing the registration of Bradford's name change with the Secretary of State's office back to me via UPS.

If you need any other information, please let me know. I can be reached at the number above.

RECEIVED
NOV 9 AM 11:32
MB
ENCLOSURE
DIVISION OF CORPORATIONS

Spayne
11/9/01

Sincerely,

Ullico

*Amend
change of
Jurisdiction*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV -9 PM 2:12

FILED


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.)

SECTION I
(1-3 MUST BE COMPLETED)

1. Bradford National Life Insurance Company
Name of corporation as it appears on the records of the Department of State.
2. Kentucky 3. 3/14/1966
Incorporated under laws of 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? N/A
5. N/A
Name of corporation after the amendment, adding suffix "corporation" "company" or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation.
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.
Louisiana
New Jurisdiction



Signature

Joseph A. Carabillo
Typed or printed name

November 2, 2001
Date

Vice President, Chief Legal Officer & Secretary
Title

FILED
01 NOV - 9 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Paul E. Patton
Governor

Ronald B. McCloud
Secretary

Janie A. Miller
Commissioner

PO Box 517
Frankfort, KY 40602-0517

Department of Insurance

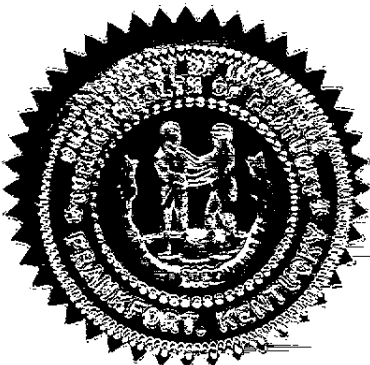
(502) 564-3630
(800) 595-6053 (800) 462-2081 TDD

It is hereby certified that the attached copy of **Amended Certificate of Authority for Bradford National Life Insurance Company** has been compared with the original on file in this Department and that it is a correct transcript therefrom.

In Witness Whereof, I have hereunto set my hand, and affixed the official seal of this Department at the City of Frankfort, this 20th day of August, 2001.

Janie A. Miller

Janie A. Miller,
Commissioner of Insurance





BRERETON C. JONES
GOVERNOR

OFFICE OF THE COMMISSIONER
OF INSURANCE

Amended

CERTIFICATE OF AUTHORITY

Satisfactory evidence has been furnished to me showing that

BRADFORD NATIONAL LIFE INSURANCE COMPANY

organized in the State of LOUISIANA, and having its principal office at NEW ORLEANS, LOUISIANA

is in sound and solvent condition, and has fully complied with all the provisions of the Insurance Laws of the Commonwealth of Kentucky that are applicable thereto. Now, therefore, as Commissioner of Insurance of the Commonwealth of Kentucky, in pursuance of the authority vested in me by the laws of this Commonwealth, I do hereby authorize the said insurance company to transact the business of LIFE, HEALTH AND ANNUITIES INSURANCE

in this Commonwealth for the period beginning on the date shown below and to continue in force as long as the insurer is entitled thereto.

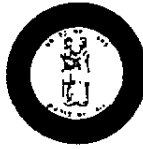
Don W. Stephens

Commissioner of Insurance.

This Certificate of Authority shall, at all times, be the property of the State of Kentucky, and upon any expiration, suspension, revocation, or termination thereof, the insurer shall promptly deliver this Certificate to the Commissioner.



CERTIFICATE NO. 31-0522223 DATE February 17, 1993
Effective August 20, 1992



DEPARTMENT OF INSURANCE

P. O. Box 517
FRANKFORT, KENTUCKY 40602
(502) 564-3630

RONNIE C. MOORE
COMMISSIONER

BRERETON C. JONES
GOVERNOR

APPLICATION FOR ORIGINAL OR AMENDED CERTIFICATE OF AUTHORITY

Federal I.D. No. 31-0522223

NAIC No. 86371

Bradford National Life Insurance Company
(NAME OF COMPANY)

incorporated under the laws of Louisiana located in the City of
New Orleans, State of Louisiana hereby makes an

application for a Certificate of Authority to transact in the Commonwealth of Kentucky

the following kinds of insurance: Life (KRS 304.5-020)

Annuity (KRS 304.5-030), including Variable Annuity

Health (KRS 304.5-040)

Describe briefly the insuring powers authorized under your charter, articles of

agreement, articles of association, or other constituent document All powers necessary and proper to effectuation of the business of making contracts of all kinds of insurance, except title, fidelity and surety and workers' compensation, as are defined by the Louisiana Insurance Code, and generally to make, write, execute and issue contracts and policies of insurance, and endorsements thereto, for all lines of insurance except title, fidelity and surety and workers' compensation.

Bradford National Life Insurance Company
(NAME OF COMPANY)

has caused this application to be signed by one of its proper officers at New Orleans,

Louisiana this 4th day of February, 19 93

By: Roger W. Lange, President*

Indicate one: Attorney-in-Fact

Roger W. Lange
President - Vice President - Secretary

NOTE: Complete the applicable sections on the reverse side.

*(subject to approval of domiciliary state)

Form 103 (Revised 7/82)

SECTION I

APPLICABLE TO THOSE COMPANIES AMENDING A CERTIFICATE OF AUTHORITY

Please specify which kinds of insurance are to be added or deleted. (KRS 304.5)

Modify variable annuities to: Annuities, including Variable.

SECTION II

APPLICABLE TO ALL PROPERTY, CASUALTY, SURETY, MORTGAGE GUARANTY OR MULTIPLE LINE COMPANIES

MEMBERSHIP IN ADVISORY ORGANIZATIONS

<u>Lines of Insurance</u>	<u>Name of Advisory Organization</u>	<u>Class*</u>	<u>Is Advisory Organization also Statistical Agent? (Yes or No)</u>
1. Fire & Allied Lines	_____	_____	_____
2. Farmowners Multiple Peril	_____	_____	_____
3. Homeowners Multiple Peril	_____	_____	_____
4. Commercial Multiple Peril	_____	_____	_____
5. Crop-Hail	_____	_____	_____
6. Inland Marine	_____	_____	_____
7. Professional Malpractice	_____	_____	_____
8. Earthquake	_____	_____	_____
9. Workers' Compensation	_____	_____	_____
10. General Liability	_____	_____	_____
11. Auto Liability	_____	_____	_____
12. Auto Physical Damage	_____	_____	_____
13. Aircraft	_____	_____	_____
14. Fidelity and Surety	_____	_____	_____
15. Glass	_____	_____	_____
16. Burglary and Theft	_____	_____	_____
17. Boiler and Machinery	_____	_____	_____
18. Mortgage Guaranty	_____	_____	_____

*Member (M), Subscriber (S), or Manual Purchaser (P)

If advisory organization is not shown above as the statistical agent, please attach a separate sheet to this form showing, by line of business, the company's statistical agent.

Effective July 15, 1982, no person or organization is permitted to operate as a rating organization in Kentucky, pursuant to Senate Bill No. 274.

SECTION III

APPLICABLE TO ALL COMPANIES AND APPLICANTS

Please designate below the names of those officers or individuals authorized to make policy filings with this Department.

(1) <u>Roger W. Lange</u>	<u>President</u>	(2) _____	_____
NAME	TITLE	NAME	TITLE