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TRANSMITTAL LETTER

TO:	_				
SUBJ	ECT: _Educa				
Dear S	ir or Madam:				
"Certif	icate of Existen	ce", and check are submitted to			
Please	return all corres	pondence concerning this mat	ter to the following:		
	Kimbe	rly A. Rankin			
			of Person)		
	Educa	itors Mutual Life Insur	ance Company		
				,,-	
Division of Corporations SUBJECT: Educators Mutual Life Insurance Company (Name of corporation - must include suffix) Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Busines "Certificate of Existence", and check are submitted to register the above referenced foreit to transact business in Florida. Please return all correspondence concerning this matter to the following: Kimberly A. Rankin (Name of Person) Educators Mutual Life Insurance Company (Firm/Company) P. O. Box 83149 (Address) Lancaster. PA 17608-3149 (City/State and Zip code) For further information concerning this matter, please call: Kimberly A. Rankin (Name of Person) (Area Code & Daytime Telephone Numb STREET ADDRESS: Registration Section Division of Corporations Division of Corporati			<u> </u>		
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		(City/State	e and Zip code)		
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For fur	ther information	concerning this matter, please	e cali:	اُخ ا	· (3
Vim	harly A Pen	irin et (717) 301_5703		
<u>VIM</u>				one Number)	
	Division of Corporations BJECT: Educators Mutual Life Insurance Company (Name of corporation - must include suffix) r Sir or Madam: enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", rtificate of Existence", and check are submitted to register the above referenced foreign corporation ansact business in Florida. se return all correspondence concerning this matter to the following: Kimberly A. Rankin (Name of Person) Educators Mutual Life Insurance Company (Firm/Company) P. O. Box 83149 (Address) Lancaster. PA 17608-3149 (City/State and Zip code) further information concerning this matter, please call: imberly A. Rankin at (717) 391-5703 (Name of Person) (Area Code & Daytime Telephone Number) EET ADDRESS: stration Section Sion of Corporations E. Gaines St. P.O. Box 6327 Tallahassee, FL 32399 Tallahassee, FL 32314 osed is a check for the following amount: 70.00 Filling Fee \$78.75 Filling Fee & \$87.50 Filling Fee,				
Registr Divisio 409 E.	ation Section n of Corporation Gaines St.		Registration Section Division of Corporation P.O. Box 6327	ons	
Enclose	ed is a check for	the following amount:			
Ø t \$70.	00 Filing Fee			Certificate o	f Status &

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 7, 2003

KIMBERLY RANKIN P.O. BOX 83149 LANCASTER, PA 17608-3149

SUBJECT: EDUCATORS MUTUAL LIFE INSURANCE COMPANY

Ref. Number: W03000033122

We have received your document for EDUCATORS MUTUAL LIFE INSURANCE COMPANY and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$30.366.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Document Specialist

Letter Number: 003A00060893



202 North Prince Street P.O. Box 83149 Lancaster, PA 17608-3149 MAIN: 717 397-2751 DIRECT: 717 391-5703 FAX: 717 393-7014 E-mail: krankin@emlife.com

Kimberly A. Rankin Vice President & Corporate Secretary

January 8, 2004

Via Facsimile and Standard Mail

Tammi Cline
Document Specialist
Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Our Filing - Reference #W03000033122

Dear Ms. Cline:

We received your letter of November 7, 2003, on November 17, 2003, regarding the above referenced matter (a copy is enclosed). I have done a considerable amount of research on this issue, as well as reviewing Sections 607.1501, et al. In addition, I telephoned your office and spoke to Mr. Buck Kohr, who was very pleasant to deal with and helpful.

This correspondence is written to serve as our formal appeal of the assessment of \$30,366.25 in the above referenced matter.

Upon receipt of a letter dated September 19, 2003, an Application by Foreign Corporation for Authorization to Transact Business in Florida was filed with your Department. The date provided on the application for first transacting business in Florida was March 1, 1950. Note this is the date that a Certificate of Authority was issued by the Florida Department of Insurance, admitting our Company into the state. However, but not real germane to this argument, this was not the actual first transaction date, as it would have taken a considerable amount of time to obtain approval for policy forms and other insurance regulatory requirements. In hindsight, I do not believe the application was filed correctly. As Mr. Kohr informed me that your starting point for purposes of this assessment reverts to 1975, that is as far back as I investigated.

Under Section 607.1501(2), I believe there are two exemptions that apply to our situation. Item (e), Selling through independent contractors and item (i), Transacting business in interstate commerce. Educators Mutual Life Insurance Company was admitted to the State of Florida as a foreign life and health insurer, effective March 1, 1950. Over the next several years, the Company did conduct the business of insurance in Florida. However, the products were marketed through independent brokers. In addition, policies were issued from our home office in Pennsylvania. We did not have a physical insurance office operating in Florida.

Tammi Cline January 8, 2004 Page Two

Even if, you determine that our insurance operation constitutes transacting business, there is extenuating information that should be considered in determining the filing fees that you may ultimately assess.

From 1975, through late 1993, the Company did have a considerable block of individual life, annuity and health policies reported on Schedule T, Premiums and Annuity Considerations Allocated by State (of the Statutory Annual Statement) for Florida. However, during late 1993, the Company made the decision to exit the individual insurance market and ceased issuing any additional policies. Subsequently, the life and health blocks were acquired by other carriers under assumption reinsurance transactions. A very small portion of the business remained on Educators Mutual Life's books (1995 through early 1997) until one of the acquiring companies obtained its Florida license and issued assumption certificates.

Upon exiting the individual market, Educators' focus was in the group insurance arena. However, Florida was not, and is not today, a priority state for us. In fact, until 2001, we did not report any Florida premium on our Schedule T. The Florida Insurance Department had contacted us regarding our Certificate of Authority and the fact that we had no Florida business on our books. Thus, in order to maintain an active Certificate of Authority, we issued one group life insurance policy through a Pennsylvania trust. This is the only policy that is active today. The tax return referred to in your letter of September 19, 2003, reflects the premium tax on the group life policy.

We currently do not have insurance products approved for marketing in Florida. In addition, we do not currently have producers appointed as being authorized to represent us in Florida.

Until your September 19, 2003, correspondence to us, we were not aware of this filing requirement. Regardless of the information determined appropriate for filing, there was no intentional decision made on our part not to file.

I would be more than happy to discuss this matter with you further. If you have any questions, or require additional information, please do not hesitate to contact me. In addition, if you would like copies of the annual statement pages that I reference herein, please let me know.

I will await your review and response.

Sincerely,

Kimberly A. Rankin

Enclosure



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 23, 2004

KIMBERLY RANKIN EDUCATORS MUTUAL LIFE INSURANCE COMPANY PO BOX 83149 LANCASTER, PA 17608-3149

SUBJECT: EDUCATORS MUTUAL LIFE INSURANCE COMPANY Ref. Number: W03000033122

We have received your document for EDUCATORS MUTUAL LIFE INSURANCE COMPANY and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

Based on the information you have provided, this office offers to settle the issue of non-qualified penalty and annual report fees for the sum of \$500.00. However, this offer will expire in 60 days. To take advantage of this offer, we must receive the total amount due prior to the expiration date.

The total amount due is \$570.00.

There is a balance due of \$500.00.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock Senior Section Administrator

Letter Number: 504A00004217



202 North Prince Street P.O. Box 83149 Lancaster, PA 17608-3149 MAIN: 717 397-2751
DIRECT: 717 391-5703
FAX: 717 393-7014
E-mail: krankin@emlife.com

Kimberly A. Rankin Vice President & Corporate Secretary

February 3, 2004

Via Certified Mail

Brenda Tadlock Senior Section Administrator Division of Corporations Florida Department of State P.O. Box 6327 Tallahassee, FL 32314

Re:

W03000033122

Dear Ms. Tadlock:

I am in receipt of your correspondence dated January 23, 2004, in the above referenced matter. We accept the settlement offer of \$500 and enclosed is our check in that amount as payment in full of the balance due.

Thank you for your assistance with this matter. If you require anything further, please do not hesitate to contact me.

Sincerely,

Kimberly A. Rankin

Enclosure

ALLAHASSE - HORIOA

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.	Educators Mutual Life Insurance Compa						
	(Enter name of corporation; must include "INCORPORATE "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")	ED,	" "CC)MPANY,"	"CORPORATION,"		
	(If name unavailable in Florida, enter alternate corporate na	me	adopt	ed for the p	urpose of transacting bus	iness in Flor	rida)
2.	Pennsylvania	3.		23-150	0814		
	(State or country under the law of which it is incorporated)		(FEI number, if applicable)				
4.	March 9, 1940	5.					
	(Date of incorporation)		(Du	ration: Yea	r corp. will cease to exist	or "perpetu	al")
6.	March 1, 1950					1.0-	
	(Date first transacted business in Florida. If corporation has (SEE SECTIONS 607.1					in qualificati	ion.")
7.	202 N. Prince Street, Lancaster, PA	174	รกร				
٠٠.	(Principal office						
	P.O. Box 83149, Lancaster, PA 17608-	317	49			=	
	(Current mailing			41 - 4		A	
	•					52	. 7
8.	Insurance Company						
	(Purpose(s) of corporation authorized in home state of	rco	untry	to be carrie	d out in state of Florida)		
9.	Name and street address of Florida registered age	at:	(P.O	. Box or M	lail Drop Box NOT ac	ceptable)	က က
	Name: CT Corporation System						-
Of	fice Address: 1200 S. Pine Island Rd.						
	Plantation			, Florida_	33324		
	(City)				(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.

MARGARET E. ROUTZAHN
Special Assistant Secretary

(Registered egent'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 business	s addresses of officers and/	or directors:		•			
A. DIRECTORS	* Refer to attached	addendum for	additional	Director &	Officer	info	ormation
Chairman: None		: -					
Address:							
Vice Chairman: None							
Address:							
Director: Alexande	r T. Schneebacher. Jr						
Address: 202 N. P	rince Street						
Lancaste	r. PA 17603						
Director: Arthur A	. Haberberger			· · · · · · · · · · · · · · · · · · ·			
Address: 202 N. P	rince Street						
Lancaste	r. PA 17603				- - 	<u> </u>	
B. OFFICERS					LAH.	<u>(j)</u>	-
President: <u>Alexande</u> :	r T. Schneebacher. Jr				<u> </u>	33	
Address: 202 N. P.	rince Street				<u> - 팔로</u> -	: <u>-</u> =	
Lancaste	r. PA 17603				<u>\$</u> m	<u> </u>	
Vice President: <u>Kimber</u>	ly A. Rankin				· · · · · · · · · · · · · · · · · · ·		
Address: 202 N.	Prince Street						
Lancas	ter. PA 17603						
Secretary: Kimber	ly A. Rankin						
and Vice Pro	Prince Street, Lanca esident . Stratton	ster, PA 17	603				
Address: 202 N. P	rince Street, Lancast	er. PA 1760	3				
13. Kuber	u may attach an addendum to Oy Rowku re of Director or Officer liste	1			or director	S.	
	Rankin, Vice Preside Typed or printed name and c						

EDUCATORS MUTUAL LIFE INSURANCE COMPANY

Addendum for #12 for the FL Application to Transact Business Form

12 A. DIRECTORS (Additional Information)

Director: Ronald L. King

Address: 202 N. Prince Street, Lancaster, PA 17603

Director: Robert M. McAlaine

Address: 202 N. Prince Street, Lancaster, PA 17603

Director: John O. Shirk

Address: 202 N. Prince Street, Lancaster, PA 17603

Director: William L. Snyder, III

Address: 202 N. Prince Street, Lancaster, PA 17603

Director: Richard Stevens, III

Address: 202 N. Prince Street, Lancaster, PA 17603

Director: Charles H. Vetterlein, Jr.

Address: 202 N. Prince Street, Lancaster, PA 17603

12 B. **OFFICERS** (Additional Information)

Vice President: Mary C. Gimber

Address: 202 N. Prince Street, Lancaster, PA 17603

.

COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE

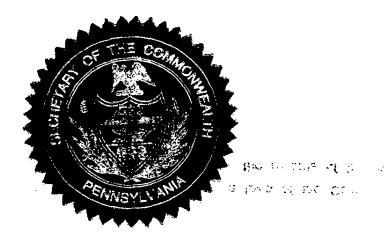
October 31, 2003

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

EDUCATORS MUTUAL LIFE INSURANCE COMPANY

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth