

State of Idaho

Office of the Secretary of State

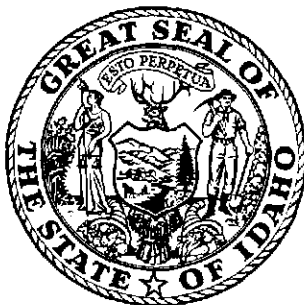
**CERTIFICATE OF REGISTRATION
OF
STANDARD LIFE AND ACCIDENT INSURANCE COMPANY**

File Number C 213023

I, LAWRENCE DENNEY, Secretary of State of the State of Idaho, hereby certify that an application for Foreign Registration Statement, duly executed pursuant to the provisions of the Idaho Uniform Business Organization Code, has been received in this office and is found to conform to law.

ACCORDINGLY and by virtue of the authority vested in me by law, I issue this Certificate of Registration to transact business in this State and attach hereto a duplicate of the application for such certificate.

Dated: March 7, 2017



Lawrence Denney
SECRETARY OF STATE

By *[Signature]*



FOREIGN REGISTRATION STATEMENT

Title 30, Chapter 21, Idaho Code

Filing fee: \$100 typed, \$120 not typed

Complete and submit the form in duplicate.

2017 MAR -7 AM 11:38

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the entity is: Standard Life and Accident Insurance Company
2. The name which it shall use in Idaho is: _____
(Enter a name here, only if you are required to adopt an alternate name)
3. Select the type of entity you wish to register:
☒ Business Corporation ☐ General Partnership
☐ Nonprofit Corporation ☐ General Cooperative Association
☐ Limited Liability Partnership ☐ Limited Partnership (Including a limited liability limited partnership)
☐ Limited Liability Company ☐ Statutory Trust, Business Trust, or Common-law Business Trust
☐ Other: _____
 (Use "Other" only if your foreign entity type is not listed above, and enter the type here.)
4. Jurisdiction of formation: Texas
(Provide the domestic jurisdiction where the entity was formed)
5. The address of its principal office is:
One Moody Plaza, Galveston, TX 77550
 (Street Address)

 (Mailing Address, if different)
6. The address of its domestic principal office (if required by the laws of the jurisdiction of formation) is:

 (Street Address)

 (Mailing Address, if different)
7. The mailing address to which correspondence should be addressed, if different from item 5, is:

 (Address)
8. Name and street address of registered agent in Idaho:
Idaho Commissioner of Insurance 700 West State St., 3rd Floor, Boise, ID 83720-0043
 (Name) (Address)
9. The name, capacity, and mailing address of at least one governor:

<u>Larry Linares</u>	<u>AVP, Tax</u>	<u>One Moody Plaza, Galveston, TX 77550</u>
(Name)	(Capacity)	(Address)
_____	_____	_____
(Name)	(Capacity)	(Address)

Typed Name: Larry Linares

Signature: _____

Capacity: AVP, Tax

Secretary of State use only

IDAHO SECRETARY OF STATE

03/07/2017 05:00

CK:NO CK# CT:335687 BH:1572301
1@ 100.00 = 100.00 FOR REG ST #2

C213023

STANDARD LIFE AND ACCIDENT INSURANCE
Applicant Name: COMPANY

NAIC No. 86355

FEIN 73-0994234

**Uniform Certificate of Authority Application (UCAA)
Certificate of Compliance**

State of Texas
(Domiciliary State of Applicant)

Office of Department of Insurance
(Commissioner, Superintendent, Officer)

I, Jeff Hunt, hereby certify that I am the*
(Name)

Director of Company Licensing & Registration, of the State of Texas
(Position)

and have supervision of insurance business in said State and as such I hereby certify that

STANDARD LIFE AND ACCIDENT INSURANCE COMPANY
(Name of Insurer)

of Galveston, Texas is duly organized under the laws of said State and
(city/state)

is authorized to transact the business of

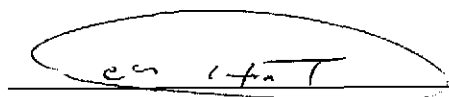
Accident, Health, and Life

insurance in this State.

(Lines of Insurance)**

IN TESTIMONY WHEREOF, I have hereunto set my hand at Austin, Texas
(Location)

on February 22, 2017


(Signature)

Jeff Hunt
(Printed Name)

* Insurance Commissioner, Officer or Superintendent of Insurance authorized to certify to the insurance business within the domiciliary state.

** Lines of Insurance as shown on Form 3 of UCAA