







STATE OF IDAHO

Office of the secretary of state, Lawerence Denney FOREIGN REGISTRATION STATEMENT (BUSINESS CORPORATION)

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$100.00 For Office Use Only

-FILED-

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oreign Registration Statement (Business Corporation) Select one: Standard, Expedited or Same Day Service (see descriptions below)	Standard (filing fee \$100)		
. The name this business corporation will use in Idaho is:			
Type of Corporation	Foreign Business Corporation		
Entity name	Standard Life and Accident Insurance Company		
The name of the business corporation in its home jurisdiction as Standard Life and Accident Insurance Company-Texas	s shown on the attached certificate of existence/good standing:		
Upload or Mail a one page PDF of a Certificate of Existence/Go Standing from the home jurisdiction dated within 90 days of today.			
. Home Jursidiction			
The jurisdiction of formation is:	TEXAS		
. The street address of its domestic principal office (if required by the laws of the	jurisdiction of formation) is:		
Street Address	ONE MOODY PLAZA		
	GALVESTON, TX 77550		
. The mailing address of its domestic principal office (if required by the laws of th	e jurisdiction of formation) is:		
Mailing Address	ONE MOODY PLAZA		
	GALVESTON, TX 77550		
. The complete street address of the principal office is:			
Principal Office Address	ONE MOODY PLAZA		
	GALVESTON, TX 77550		
. The mailing address of the principal office is:			
Mailing Address	1 MOODY PLZ		
	GALVESTON, TX 77550-7947		
. Registered Agent Name and Address			
Registered Agent	CT CORPORATION SYSTEM		
	Commercial Registered Agent		
	Physical Address		
	921 S ORCHARD ST		
	STE G		
	BOISE, ID 83705		
	Mailing Address		
	921 S ORCHARD ST		
	STE G		

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8.	Governor	S

J. COVERNORS			
Name	Title	Address	
James E Pozzi	President, Chairman of the Board, CEO	1 MOODY PLAZA GALVESTON, TX 77550	
J Mark Flippin VP, Corporate Secretary		ONE MOODY PLAZA GAVLESTON, TX 77550	
Brody J Merrill	SVP, CFO, Treasurer	ONE MOODY PLAZA GALVESTON, TX 77550	



Larry E Linares		ONE MOODY PLAZA GALVESTON, TX 77550
Timothy A Walsh	-··,	ONE MOODY PLAZA GALVESTON, TX 77550

Signature of individual authorized by the entity to sign:

Larry Linares 06/28/2021

Sign Here Date

Job Title: AVP-Tax

Applicant Company Name: STANDAR	D LIFE AND ACCIDENT	NAIC No.	86355	
INSURANCE COMPANY		FEIN	73-0994234	

Uniform Certificate of Authority Application (UCAA) CERTIFICATE OF COMPLIANCE

State of	Texas		Office of	Department of Insurance
(Domicil	iary State of Applicant (Company)		(Commissioner, Superintendent, Office
I, Robert Rud (Name)		y that I am the Ma	nager of Com	pany Licensing and Registration office * (Position)
of the State of	Texas	and have super	vision of insur	rance business in said State and as such,
I hereby certify that				
	STANDARD LIF	E AND ACCIDE	NT INSURAN	NCE COMPANY
		(Name of Applica	nt Company)	
of	Galveston, Texas		is duly orga	anized under the laws of said state and
-	(City/State)		_ is duly orgo	and the laws of sale state and
Accident, Health, a	and Life	(Lines of Insura	ance) **	
				<u> </u>
insurance in this state	e.		7	
IN TESTIMONY W	HEREOF, I have hereur	nto set my hand at		Austin, Texas
III IESIIMOITI W	TIDICIOI, TIMVE HEICH	nto set my name a		(Location)
on February	12, 2021			
_				
	1-0			
67/20	1/2		-	Robert Rudnai
	(Signature)			(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



Revised 8/18/2014 FORM 6