

**FILED**

JAN 13 2021

INSURANCE REGULATION  
Docketed by: 



**OFFICE OF INSURANCE REGULATION**

**DAVID ALTMAIER**  
COMMISSIONER

IN THE MATTER OF:

CASE NO.: 269784-20-CO

LIFE INSURANCE COMPANY OF THE SOUTHWEST  
and NATIONAL LIFE INSURANCE COMPANY

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CONSENT ORDER

THIS CAUSE came on for consideration upon the filing of a request by LIFE INSURANCE COMPANY OF THE SOUTHWEST and NATIONAL LIFE INSURANCE COMPANY ("APPLICANTS"), to change the name of the corporate secretary on their forms without re-filing same for approval pursuant to Section 627.410, Florida Statutes. Following a complete review of the entire record, and upon consideration thereof, and being otherwise fully advised in the premises, the FLORIDA OFFICE OF INSURANCE REGULATION ("OFFICE"), hereby finds as follows:

1. The OFFICE has jurisdiction over the subject matter and the parties herein.
2. APPLICANTS are foreign life and health insurers domiciled in Texas and Vermont, respectively, and authorized to transact insurance business in Florida.
4. APPLICANTS have applied for and, subject to the present and continuing satisfaction of the requirements, terms, and conditions established herein, have satisfactorily met all of the conditions precedent to change the name of the corporate secretary on their forms.

5. APPLICANTS both state that no changes were realized within the corporate structure.

7. As a material condition to approval of the above request, APPLICANTS, by execution of this Consent Order, certify to the OFFICE that all policy forms previously utilized in Florida comply with applicable provisions of the Florida Insurance Code. APPLICANTS further certify that the only change required to achieve compliance prospectively is the substitution of the name Lisa F. Muller, Secretary, in lieu of Kerry A. Jung, Secretary. If the above certification is not correct, APPLICANTS acknowledge that such misrepresentations may be considered willful and penalties assessed accordingly.

8. Attached as Exhibit A is a list of all policy forms APPLICANTS will modify with the name change.

9. After 90 days from the date this Consent Order is executed by the OFFICE, APPLICANTS shall only sell policy forms containing the name of the new corporate secretary and are not authorized to sell previously approved policies containing the old information.

10. APPLICANTS shall each pay costs in the amount of \$3,000 United States Dollars within 30 days of the date this Consent Order is executed by the OFFICE. APPLICANTS shall each send payment for the administrative costs to the payment address on their respective attached invoice.

11. APPLICANTS shall continue to comply with all statutes and applicable rules of the OFFICE governing form filings and rate filings.

12. APPLICANTS agree that any deadlines, reporting requirements, other provisions, or requirements set forth in this Consent Order may be altered or terminated by written approval

of the OFFICE. Such written approval by the OFFICE is subject to statutory or administrative regulation limitations.

13. APPLICANTS agree that, upon execution of this Consent Order, failure to adhere to one or more of the terms and conditions contained herein may result, without further proceedings, in the OFFICE suspending, revoking, or taking other administrative action as it deems appropriate upon the Certificate of Authority of the entity committing the violation in this state in accordance with Sections 120.569(2)(n) and 120.60(6), Florida Statutes.

14. APPLICANTS expressly waive a hearing in this matter, the making of findings of fact and conclusions of law by the OFFICE, and all further and other proceedings herein to which they may be entitled by law or rules of the OFFICE. APPLICANTS hereby knowingly and voluntarily waive all rights of any kind to challenge or to contest this Consent Order in any forum available to them, now or in the future, including the right to any administrative proceeding, state or federal court action, or any appeal.

15. APPLICANTS affirm that all requirements set forth herein are material to the issuance of this Consent Order.

16. Except as set forth in this Consent Order, each party to this section shall bear its own costs and fees.

17. The parties agree that this Consent Order shall be deemed to be executed when the OFFICE has executed a copy of this Consent Order bearing the signature of the authorized representatives of each of the APPLICANTS, notwithstanding the fact that the copy may have been transmitted to the OFFICE electronically. Further, APPLICANTS agree that the signature of their authorized representatives, as affixed to the Consent Order, shall be under the seal of a Notary Public.

WHEREFORE, the agreement between LIFE INSURANCE COMPANY OF THE SOUTHWEST, NATIONAL LIFE INSURANCE COMPANY, and the FLORIDA OFFICE OF INSURANCE REGULATION, the terms and conditions of which are set forth above, is APPROVED, and the request to use previously approved forms with the new corporate secretary name without re-filing same for approval pursuant to Section 627.410, Florida Statutes, is APPROVED.

FURTHER, all terms and conditions contained herein are hereby ORDERED.

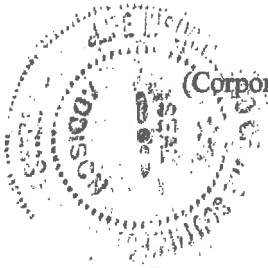
DONE AND ORDERED this 13 day of January, <sup>2021</sup>~~2020~~.



*David Altmaier*

David Altmaier, Commissioner  
Office of Insurance Regulation

By execution hereof, LIFE INSURANCE COMPANY OF THE SOUTHWEST consents to entry of this Consent Order, agrees without reservation to all of the above terms and conditions and shall be bound by all provisions herein. The undersigned represents that they have the authority to bind LIFE INSURANCE COMPANY OF THE SOUTHWEST to the terms and conditions of this Consent Order.



(Corporate Seal)

LIFE INSURANCE COMPANY OF THE SOUTHWEST

By: Stephanie Burmester

Print Name: Stephanie Burmester

Title: VP Actuary L&A Solutions

Date: 12/22/20

STATE OF Vermont

COUNTY OF Washington

The foregoing instrument was acknowledged before me by means of  physical presence

or  online notarization, this 22 day of December 2020, by Stephanie Burmester

(name of person)

as officer for Life Insurance Company of the SW

(type of authority; e.g., officer, trustee, attorney in fact)

(company name)

Patti Morrison

(Signature of the Notary)

(Print, Type or Stamp Commissioned Name of Notary)

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_

My Commission Expires: 1/31/21

By execution hereof, NATIONAL LIFE INSURANCE COMPANY consents to entry of this Consent Order, agrees without reservation to all of the above terms and conditions and shall be bound by all provisions herein. The undersigned represents that they have the authority to bind NATIONAL LIFE INSURANCE COMPANY to the terms and conditions of this Consent Order.



NATIONAL LIFE INSURANCE COMPANY

By: Stephanie Burmester

Print Name: Stephanie Burmester

Title: VP Actuary, L&A Solutions

Date: 12/14/20

STATE OF Vermont

COUNTY OF Washington

The foregoing instrument was acknowledged before me by means of  physical presence

or  online notarization, this 22 day of December 2020, by Stephanie Burmester

as officer for National Life Insurance Company  
(type of authority; e.g., officer, trustee, attorney in fact) (company name)

Paul Morrison  
(Signature of the Notary)

(Print, Type or Stamp Commissioned Name of Notary)

Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_

My Commission Expires: 1/31/21

**COPIES FURNISHED TO:**

**KAREN SAUCER, Policy Filing Coordinator**  
National Life Group  
One National Life Drive  
Montpelier, VT 05604  
Email: [ksauer@nationallife.com](mailto:ksauer@nationallife.com)

**JOHN REILLY, Deputy Commissioner Life & Health**  
Office of Insurance Regulation  
200 East Gaines Street  
Tallahassee, FL 32399-0329

**JAMES DUNN, Director**  
Life & Health Product Review  
Office of Insurance Regulation  
200 East Gaines Street  
Tallahassee, FL 32399-0329

**CHRISTINA A. JACKSON, Assistant General Counsel**  
Office of Insurance Regulation  
200 East Gaines Street  
Tallahassee, Florida 32399-4206  
Phone: (850) 413-4170  
Email: [christina.jackson@flor.com](mailto:christina.jackson@flor.com)

# EXHIBIT A

## Florida – Life Insurance Company of the Southwest

Description	Form Number	Approval Date	SERFF Tracking ID
Single Premium Immediate Annuity	Form No. 7030	08/05/1986	None
Flexible Premium Deferred Annuity	7930-FL	09/08/2004	FLA 04-10008
Flexible Premium Deferred Annuity	Form No. 7934-FL	07/23/2007	FLA 07-13328
Single Premium Deferred Annuity	Form No. 7976-FL	02/10/2009	FLA 09-01688



**Florida – National Life Insurance Company**

<b>Description</b>	<b>Form Number</b>	<b>Approval Date</b>	<b>SERFF or State Tracking ID</b>
Flexible Premium Deferred Annuity	8818FL(0410)	12/11/2009	FLA 09-21914
Variable Annuity	7400FL(0197)	10/14/1997	FLA 97-12998
Variable Annuity	7401FL(0197)	10/14/1997	FLA 97-12998
Single Premium Immediate Annuity	1-90	01/30/1990	none



# OFFICE OF INSURANCE REGULATION

DAVID ALTMAIER  
COMMISSIONER

## INVOICE

LIFE INSURANCE COMPANY OF THE SOUTHWEST  
1 NATIONAL LIFE DRIVE  
MONTPELIER, VT 05604

INVOICE DATE: November 17, 2020

INVOICE #: OIR 20-029653

Employee filing request: Teri Ismail, Administrative Assistant II for OIR Legal, 850-413-5274  
Invoice requested by Christina Jackson for Matter #269784-20

Description	Units	Rate	Price
1003J: ADMIN FINES - L&H FORMS AND RATES	1.00	\$3,000.00	\$3,000.00

**TOTAL FINES: \$3,000.00**

**PAYMENT DUE UPON RECEIPT: \$3,000.00**

To ensure that your payment is received and properly credited, please make your check payable to the Florida Department of Financial Services and **return this invoice with your payment to:**

**FLORIDA DEPARTMENT OF FINANCIAL SERVICES  
REVENUE PROCESSING SECTION  
P.O. BOX 6100  
TALLAHASSEE, FL 32314-6100**



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DAVID ALTMAIER  
COMMISSIONER

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NATIONAL LIFE INSURANCE COMPANY  
1 NATIONAL LIFE DRIVE  
MONTPELIER, VT 05604

INVOICE DATE: November 17, 2020

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Invoice requested Christina Jackson by for Matter #269784-20

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