

STATE OF WASHINGTON

Phone: (360) 725-7000
www.insurance.wa.gov

MIKE KREIDLER
STATE INSURANCE COMMISSIONER



OFFICE OF
INSURANCE COMMISSIONER

Please Reply to: PO Box 40259
Olympia, WA 98504-0259
Fax: (360) 586-2022

2013 JAN 25 12 3 17

January 25, 2013

Patricia D. Petersen, JD, Chief Hearing Officer
Office of the Insurance Commissioner, Hearings Unit
PO Box 40255
Olympia, WA 98504-0255
5000 Capitol Boulevard
Tumwater, WA 98501

Re: Form A Filing dated December 14, 2012 – Proposed Acquisition of Control of
Western United Life Assurance Company

Dear Ms. Petersen:

Attached please find the Form A Statement regarding the Acquisition of Control of a Domestic Insurer and associated supplementary information. The Form A Statement describes the proposed transaction between Central United Life Insurance Company (CULIC), as Buyer, and Western United Life Assurance Company (WULA) and its parent company, Global Life Holdings, LLC, as Seller.

The proposed transaction comes at the request of CULIC that wishes to acquire control of WULA in this matter. The Form A Statement also disclosed that, subsequent to the approval of this filing and execution of the stock purchase agreement, CULIC will contribute its common stock holdings of Investors Consolidated Life Insurance Company to WULA. Investors Consolidated Life Insurance Company would become a subsidiary of WULA at the conclusion of that transaction.

CULIC is an Arkansas domiciled life insurance company and wholly owned subsidiary of Harris Insurance Holdings, Inc., which is privately held by Mr. David Harris, majority owner, and three other individuals, each having minority ownership of Holdings, Inc.

Western United Life Assurance Company is a Washington domiciled life insurance company and is wholly owned by Global Life Holdings, LLC which is jointly owned through membership interests held by two individuals.



Patricia D. Petersen, JD, Chief Hearing Officer
January 25, 2013
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Copies of the Washington Certificates of Authority for all three named insurers are attached to this letter. The certificates are:

Central United Life Insurance Company - #1022;
Investors Consolidated Insurance Company - #500444, and
Western United Life Assurance Company - #924

The Company Supervision division is satisfied that the Form A filing is complete, and requests that a hearing be scheduled in this matter according to RCW 48.31B.015. Ms. Robin Aronson is the OIC's Staff Attorney assigned to this case.

If you have any questions, please call me at 360-725-7211 or Ms. Aronson at 360-725-7181.

Yours truly,



RONALD J. PASTUCH, CPA
Holding Company Manager
Company Supervision Division
E-Mail: RonP@oic.wa.gov

Cc: James T. Odiorne, CPA, JD, Deputy Insurance Commissioner
Robin Aronson, Staff Attorney

Nº 1022

Certificate of Authority

STATE OF WASHINGTON
INSURANCE COMMISSIONER
OLYMPIA

THIS IS TO CERTIFY, That, pursuant to the Insurance Code of the State of Washington,

CENTRAL UNITED LIFE INSURANCE COMPANY

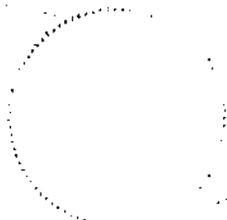
of ~~SEDMER, IOWA~~ HOUSTON, TEXAS, organized under the laws of ~~IOWA~~ TEXAS, having presented satisfactory evidence of compliance, this Certificate of Authority is hereby granted, authorizing the company to transact the following classes of insurance:

LIFE
DISABILITY

subject to all provisions of this Certificate as such classes are now or may hereafter be defined in the Insurance Laws of the State of Washington.

THIS CERTIFICATE is expressly conditioned upon the holder hereof now and hereafter being in full compliance with all, and not in violation of any, of the applicable laws and lawful requirements made under authority of the laws of the State of Washington as long as such laws or requirements are in effect and applicable, and as such laws and requirements now are, or may hereafter be changed or amended.

IN WITNESS WHEREOF, effective as of the 30TH day of DECEMBER, 19 74, I have hereunto set my hand and caused my official seal to be affixed this 30TH day of DECEMBER, 19 74.



[Handwritten Signature]
Insurance Commissioner

By _____
Chief Deputy

No. 500444

Certificate of Authority

STATE OF WASHINGTON
INSURANCE COMMISSIONER
OLYMPIA

THIS IS TO CERTIFY, That

INVESTORS CONSOLIDATED INSURANCE COMPANY
Concord, New Hampshire

organized under the laws of NEW HAMPSHIRE, presented satisfactory evidence of compliance with the Insurance Code of the State of Washington and is therefore granted this Certificate of Authority, authorizing the company, subject to all provisions of this Certificate, to transact the following classes of insurance:

Life
Disability

as such classes are now or may hereafter be defined in the Revised Code of Washington.

THIS CERTIFICATE is expressly conditioned upon the holder being and remaining in full compliance with, and not in violation of, all of the applicable laws and lawful requirements made under authority of the laws of the State of Washington.

THIS CERTIFICATE will be automatically revoked upon failure to annually apply for renewal or pay the statutory fee for renewal.

THIS CERTIFICATE IS NOT TRANSFERABLE WITHOUT THE PRIOR WRITTEN CONSENT OF THE COMMISSIONER.

*IN WITNESS WHEREOF, effective as of the 16th day
of November, 2009, I have hereunto set my hand
and caused my official seal to be affixed this 30th day of
December, 2009.*



[Signature]
Insurance Commissioner

[Signature]
Chief Deputy Insurance Commissioner

Nº 924

Certificate of Authority

STATE OF WASHINGTON
INSURANCE COMMISSIONER
OLYMPIA

THIS IS TO CERTIFY That, pursuant to the Insurance Code of the State of Washington,

~~WESTERN UNITED LIFE ASSURANCE COMPANY~~ (name change eff. 12/2/80)
~~WESTERN LIFE ASSURANCE COMPANY~~

of SPOKANE
~~YAKIMA~~, WASHINGTON, organized under the
laws of WASHINGTON, having presented satisfactory evidence
of compliance, this Certificate of Authority is hereby granted, authorizing the company to
transact the following classes of insurance:

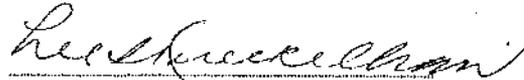
LIFE INSURANCE
DISABILITY (added 4-29-80)

subject to all provisions of this Certificate as such classes are now or may hereafter be defined
in the Insurance Laws of the State of Washington.

THIS CERTIFICATE is expressly conditioned upon the holder hereof now and hereafter
being in full compliance with all, and not in violation of any, of the applicable laws and lawful
requirements made under authority of the laws of the State of Washington as long as such laws
or requirements are in effect and applicable, and as such laws and requirements now are, or
may hereafter be changed or amended.

IN WITNESS WHEREOF, effective as of the 11th day
of June, 1963, I have hereunto set my hand
and caused my official seal to be affixed this 11th day of
June, 1963.

91370


Insurance Commissioner

By _____
Chief Deputy