FILED

JAN 2 8 2025

INSURANCE REGULATION
Docketed by: CHH

OFFICE OF INSURANCE REGULATION

MICHAEL YAWORSKY
COMMISSIONER

OIR: Index 2025-11
CASE NO.: 400630-24-CO

IN THE MATTER OF:

WESTERN UNITED LIFE
INSURANCE COMPANY
_____/

CONSENT ORDER

THIS CAUSE came for consideration upon the filing of a request by WESTERN UNITED LIFE INSURANCE COMPANY ("WESTERN UNITED INSURANCE"), which was formerly known as Western United Life Assurance Company ("Western United Assurance"), to use previously approved Western United Assurance forms with the new name without re-filing the same forms 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. WESTERN UNITED INSURANCE is a foreign life and health insurer domiciled in Texas and authorized to transact insurance business in Florida.

3. Western United Assurance has applied for approval and, subject to the present and continuing satisfaction of the requirements, terms, and conditions established herein, has satisfactorily met all of the conditions precedent to change its name to WESTERN UNITED INSURANCE, effective December 31, 2024, pursuant to the requirements set forth by section

627.410. The name change was approved, and the OFFICE issued a new Certificate of Authority, attached as Exhibit A.

4. In conjunction with the request to use previously approved Western United Assurance forms, WESTERN UNITED INSURANCE has filed with the OFFICE a Name Change Endorsement, which reflects the corporate name change from Western United Assurance to WESTERN UNITED INSURANCE. The endorsement is attached as Exhibit B.

5. WESTERN UNITED INSURANCE states that no material changes were realized within the corporate structure.

6. As a material condition to approval of the above request, WESTERN UNITED INSURANCE, by execution of this Consent Order, certifies to the OFFICE that all policy forms previously utilized by Western United Assurance in Florida comply with applicable provisions of the Florida Insurance Code. WESTERN UNITED INSURANCE further certifies that the only change required to achieve compliance prospectively is the substitution of the name WESTERN UNITED INSURANCE in lieu of Western United Assurance and the only change in the forms is the name. If the above certification is not correct, WESTERN UNITED INSURANCE acknowledges that such misrepresentations may be considered willful, and penalties assessed accordingly.

7. Attached as Exhibit C is a list of all policy forms WESTERN UNITED INSURANCE has that are currently in use to administer in-force business. WESTERN UNITED INSURANCE will modify the forms contained in these exhibits with the name change with the exception of those forms that WESTERN UNITED INSURANCE has indicated are no longer sold or marketed.

8. WESTERN UNITED INSURANCE shall mail to each of its insureds a copy of the name change endorsement. WESTERN UNITED INSURANCE may continue to sell the old policy forms, with the name change endorsement, for a period of 90 days after the date this Consent Order is executed by the OFFICE. During the 90-day time period allowed by this paragraph, WESTERN UNITED INSURANCE shall reprint the policy forms contained in Exhibit C, with the exception of those forms that WESTERN UNITED INSURANCE has indicated are no longer sold or marketed, containing the new corporate name. After 90 days from the date this Consent Order is executed by the OFFICE, WESTERN UNITED INSURANCE shall only sell policy forms containing the new company name and is not authorized to sell previously approved policies containing the old information with a name change endorsement affixed.

9. WESTERN UNITED INSURANCE shall pay costs in the amount of $3,000 U.S. Dollars within 30 days of the date this Consent Order is executed by the OFFICE. WESTERN UNITED INSURANCE shall send payment for the administrative costs to the payment address on the attached invoice.

10. WESTERN UNITED INSURANCE shall continue to comply with all statutes and applicable rules of the OFFICE governing form filings and rate filings.

11. WESTERN UNITED INSURANCE agrees 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.

12. WESTERN UNITED INSURANCE agrees 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 WESTERN UNITED INSURANCE's Certificate of Authority in this state in accordance with sections 120.569(2)(n) and 120.60(6), Florida Statutes.

13. WESTERN UNITED INSURANCE expressly waives 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 it may be entitled by law or rules of the OFFICE. WESTERN UNITED INSURANCE hereby knowingly and voluntarily waives all rights of any kind to challenge or to contest this Consent Order in any forum available to it, now or in the future, including the right to any administrative proceeding, state or federal court action, or any appeal.

14. WESTERN UNITED INSURANCE affirms that all requirements set forth herein are material to the issuance of this Consent Order.

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

16. 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 representative of WESTERN UNITED INSURANCE, notwithstanding the fact that the copy may have been transmitted to the OFFICE electronically. Further, WESTERN UNITED INSURANCE agrees that the signature of its authorized representative, as affixed to the Consent Order, shall be under the seal of a Notary Public.

[REMAINDER OF PAGE LEFT BLANK INTENTIONALLY]

WHEREFORE, the agreement between WESTERN UNITED 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 Western United Life Assurance Company forms with the new name without re-filing the same forms for approval pursuant to section 627.410 is APPROVED.

All terms and conditions contained herein are hereby ORDERED.

DONE AND ORDERED this 28 day of JANUARY, 2025.

Michael Yaworsky, Commissioner
Office of Insurance Regulation

By execution hereof, WESTERN UNITED 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 WESTERN UNITED LIFE INSURANCE COMPANY to the terms and conditions of this Consent Order.

WESTERN UNITED LIFE INSURANCE COMPANY

(Corporate Seal-if any)

By: Marc Puzzo

Print Name: Marc Puzzo

Title: President

Date: 01/13/2025

STATE OF Washington

COUNTY OF Spokane

The foregoing instrument was acknowledged before me by means of ☑ physical presence or ☐ online notarization, this 13th day of January 2025, by Marc Puzzo (name of person signing for company) as President (type of authority; e.g., officer, trustee, attorney in fact) for Western United Life Insurance Co. (company name)

STEPHANIE LANTZER Commission #23005376 NOTARY PUBLIC Exp. 01-26-2027 STATE OF WASHINGTON

Stephanie Lantzer
(Signature of the Notary)

Stephanie Lantzer
(Print, Type or Stamp Commissioned Name of Notary)

Personally Known ✓ OR Produced Identification _____

Type of Identification Produced 23005376

My Commission Expires: 01-26-2027

COPIES FURNISHED TO:

MARC PUZZO, ChFC
PRESIDENT
Western United Life Insurance Company
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Spokane, WA 99201

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Exhibit A

FLORIDA OFFICE OF INSURANCE REGULATION

WESTERN UNITED LIFE INSURANCE COMPANY

Is hereby authorized to transact insurance in the State of Florida.

This certificate signifies that the company has satisfied all requirements of the Florida Insurance Code for the issuance of a LIFE AND HEALTH INSURER CERTIFICATE OF AUTHORITY and remains subject to the laws of Florida.

Original Issuance: 10/07/1987
Replacement Issuance: Friday, September 6. 2024

No. 24 - 561090947

Michael Yaworsky
Commissioner
Office of Insurance Regulation

Exhibit B

WESTERN UNITED LIFE INSURANCE COMPANY

HOME OFFICE ADDRESS AND NAME CHANGE ENDORSEMENT

Effective Date: 12/31/2024

This Endorsement is part of your annuity contract as of the Effective Date shown above. It should be attached to and kept with your annuity contract.

All references in your annuity contract to "Western United Life Assurance Company" are hereby changed to "Western United Life Insurance Company" (the "Company"). By approval of the Texas Commissioner of Insurance, the Company is now domiciled in the state of Texas. The Company's statutory home office address and phone number are shown below:

Home Office
10777 Northwest Freeway, Houston, TX 77092
800-669-9030

For all future correspondence, or if you have any questions about your annuity contract(s), including, mailing or delivery, premium payments, notices, death claims, and/or complaints, please contact our administrative office at the address or phone number shown below:

Annuity Operations Office
929 W Sprague Avenue, Spokane, WA 99201
800-247-2045

All other terms and provisions of your annuity contract remain unchanged and are in full force and effect.

Marc Puzzo, ChFC
President,
Western United Life Insurance Company

Exhibit C

Western United Life - Forms List - Florida

State	Annuity Type	Tracking Number	Date Approved	Form Number	Form Name	Status
FL	All	FLA 21-028698	12/13/2021	#1025 IRA END (8-2021)	Traditional IRA Endorsement	Active
FL	All	FLA 21-028698	12/13/2021	#1027 SPI END (8-2021)	Roth IRA Endorsement	Active
FL	All	FLA 21-028698	12/13/2021	#6025 RTH END (8-2021)	SIMPLE IRA Endorsement	Active
FL	SPD-MYGA	FLA 21-028698	12/13/2021	2021-SPMYGA	Annuity Contract	Active
FL	SPD-MYGA	FLA 21-028698	12/13/2021	2021-SPMYGA-APP FL	Annuity Application	Active
FL	SPD-MYGA	FLA 21-028698	12/13/2021	2021-WUDSC5	Contract Specifications	Active
FL	SPD-MYGA	FLA 21-028698	12/13/2021	2021-WUDSC6	Contract Specifications	Active
FL	SPD-MYGA	FLA 21-028698	12/13/2021	2021-WUDSC7	Contract Specifications	Active
FL	SPD-MYGA	FLA 21-028698	12/13/2021	2021-WUFTS5	Contract Specifications	Active
FL	SPD-MYGA	FLA 21-028698	12/13/2021	2021-WUFTS7	Contract Specifications	Active
FL	SPD-MYGA	FLA 21-028698	12/13/2021	AMDAPP1221	Application Amendment	Active
FL	All	FLA 21-028698	12/13/2021	CVRFL0521	Contract Cover Notice	Active
FL	SPD-MYGA	FLA 21-031402	1/12/2022	2021-SPMYGA-MVA-ELITE	Annuity Contract	Active
FL	SPD-MYGA	FLA 21-031402	1/12/2022	2021-WUMVE3	Contract Specifications	Active
FL	SPD-MYGA	FLA 21-031402	1/12/2022	2021-WUMVE5	Contract Specifications	Active
FL	SPD-MYGA	FLA 21-031402	1/12/2022	2021-WUMVE7	Contract Specifications	Active
FL	SPD-MYGA	FLA 22-002526	2/16/2022	2021-SPMYGA-PLUS	Annuity Contract	Active
FL	SPD-MYGA	FLA 22-002526	2/16/2022	2021-WUDSP3	Contract Specifications	Active
FL	SPD-MYGA	FLA 22-002526	2/16/2022	2021-WUDSP5	Contract Specifications	Active
FL	SPD-MYGA	FLA 22-002526	2/16/2022	2021-WUDSP7	Contract Specifications	Active
FL	SPD-MYGA	FLA 22-002545	2/17/2022	2021-SPMYGA-MVA-ULTRA	Annuity Contract	Active
FL	SPD-MYGA	FLA 22-002545	2/17/2022	2021-WUMVU3	Contract Specifications	Active
FL	SPD-MYGA	FLA 22-002545	2/17/2022	2021-WUMVU5	Contract Specifications	Active
FL	SPD-MYGA	FLA 22-002545	2/17/2022	2021-WUMVU7	Contract Specifications	Active
FL	SPD-MYGA	FLA 22-021167	9/21/2022	2022-TIR	Annuity Insert Page	Active
FL	SPD-MYGA	FLA 22-021167	9/21/2022	2022-WUMVE3	Contract Specifications	Active
FL	SPD-MYGA	FLA 22-021167	9/21/2022	2022-WUMVE5	Contract Specifications	Active
FL	SPD-MYGA	FLA 22-021167	9/21/2022	2022-WUMVE7	Contract Specifications	Active