MAY. 16. 2007 10:02AM C S C NO. 930 P. 1

83 73 18

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000133395 3)))

H07000133395 3ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so *will generate another cover sheet.*

To:
Division of Corporations
Fax Number : (850)205-0380

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

FILED
07 MAY 16 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COR AMND/RESTATE/CORRECT OR O/D RESIGN

CENTURION LIFE INSURANCE COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	$35.00

RECEIVED
07 MAY 16 AM 8:00
DIVISION OF CORPORATIONS

Susie x2956

Electronic Filing Menu Corporate Filing Menu Help

Amend

T. Roberts MAY 16 2007

H07000133395 3

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

837318
(Document number of corporation (if known)

FILED
07 MAY 16 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Centurion Life Insurance Company
(Name of corporation as it appears on the records of the Department of State)

2. Missouri
(Incorporated under laws of)

3. November 3, 1976
(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation?

5.
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6 If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7 If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction

Iowa
(New jurisdiction)

Jolene K. Edgington
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Jolene K. Edgington
(Typed or printed name of person signing)

President
(Title of person signing)

H07000133395 3

IOWA SECRETARY OF STATE
MICHAEL A. MAURO

Date: 05/15/2007

CERTIFICATE OF EXISTENCE

Name: CENTURION LIFE INSURANCE COMPANY (490 DP - 339418)
Date of Incorporation: 12/27/2006
Duration: PERPETUAL

I, MICHAEL A. MAURO, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa on the date printed above, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report has been filed by the Secretary of State, and that articles of dissolution have not been filed.

Certificate ID: CS13714
To validate this certificate please visit the following web site and enter the certificate ID.
www.sos.state.ia.us/ValidateCertificate

Michael A. Mauro
MICHAEL A. MAURO SECRETARY OF STATE