837318

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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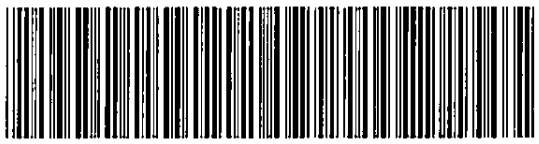

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Date: 03/26/2025

Name: **Ovidshel Occean Jr.**

Reference #: **2693644**

Entity Name: **LANTERN INSURANCE COMPANY**

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☑ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other _____

Authorized Amount: **$35.00**

Signature: O. Occean Jr.

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- ☐ Other _____

Authorized Amount: **$35.00**

Signature: O. Occean Jr.

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: BESTOW LIFE INSURANCE COMPANY
Name of Corporation

DOCUMENT NUMBER: 837318

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amra Hoso
Name of Contact Person

Faegre Drinker Biddle & Reath LLP
Firm/Company

2200 Wells Fargo Center, 90 S 7th Street
Address

Minneapolis, MN 55402
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amra Hoso at (612) 766-8756
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $35 Filing Fee ☐ $43.75 Filing Fee & Certificate of Status ☐ $43.75 Filing Fee & Certified Copy ☐ $52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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))

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1. BESTOW LIFE INSURANCE COMPANY
(Name of corporation as it appears on the records of the Department of State)

2. Iowa
(Incorporated under laws of)

3. 11/03/1976
(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? January 10, 2025

5. Lantern Insurance Company
(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.

(New jurisdiction)

8. **If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent

(Florida street address)

New Registered Office Address: _____, Florida_____
(City) *(Zip Code)*

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

Title/ Capacity	Name	Address	Type of Action
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove
_____	_____	_____	☐Add
		_____	☐Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

Amy Teas
_____
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Amy Teas
_____
(Typed or printed name of person signing)

GC and Secretary
_____
(Title of person signing)

FILING FEE $35.00

IOWA

SECRETARY OF STATE

CERTIFICATE OF EXISTENCE

Issue Date: 3/25/2025

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

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

a. The entity is in existence and duly incorporated under the laws of Iowa.

b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.

c. The most recent biennial report required has been filed with the Secretary of State.

d. Articles of dissolution have not been filed.

e. Other facts of record requested by applicant will be on an attachment.

STATE OF IOWA SEAL SECRETARY OF STATE

Paul D. Pate

PAUL D. PATE SECRETARY OF STATE

IOWA
SECRETARY OF STATE

Name: LANTERN INSURANCE COMPANY (490 DP - 339418)

e. I further certify that according to the records filed with the Secretary of State's office the above-named entity filed the following:

Date Filed	Documents
12/27/2006	articles of incorporation, redomiciled from the state of Missouri to Iowa per Iowa Code 490 with compliance with the Iowa Insurance Code 508, under the name of CENTURION LIFE INSURANCE COMPANY
01/04/2010	statement of change of registered office
04/30/2014	articles of merger, merging FINANCIAL LIFE INSURANCE COMPANY OF GEORGIA, a Georgia corporation not registered in Iowa into and with CENTURION LIFE INSURANCE COMPANY, an Iowa corporation, the survivor, effective 05/01/2014
09/03/2021	amendment, changing name from CENTURION LIFE INSURANCE COMPANY to BESTOW LIFE INSURANCE COMPANY
12/03/2021	amendment, changing their principal office address
07/26/2024	statement of change of registered agent/office
11/14/2024	amendment, changing name of the corporation from BESTOW LIFE INSURANCE COMPANY to LANTERN INSURANCE COMPANY and changing various other articles
01/10/2025	restated articles of incorporation, amending various articles.

STATE OF IOWA SEAL SECRETARY OF STATE

Paul D. Pate

PAUL D. PATE SECRETARY OF STATE

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