

P01186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/17/05--01006--015 **52.50

N.C

C. Coulliette JUL 0 7 2005

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TruAssure Insurance Company, f.k.a. Security Continental Insurance Company
(Name of corporation)

DOCUMENT NUMBER: P01186

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carol Parlin

(Name of person)

TruAssure Insurance Company

(Name of firm/company)

801 Ogden Avenue

(Address)

Lisle, IL 60532

(City/state and zip code)

For further information concerning this matter, please call:

Carol Parlin

(Name of person)

at (630) 724-4048

(Area code & daytime telephone number)

Enclosed is a check for the following amount:



\$35.00 Filing Fee



\$43.75 Filing Fee &
Certificate of Status



\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)



\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399



June 23, 2005

Cheryl Coulliette
Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

Re: TruAssure Insurance Company, f.k.a. Security Continental Insurance Company
Ref. Number: P01186, Letter Number: 005A00037316

Dear Ms. Coulliette:

Please find enclosed a Certificate of Authority from the Illinois Department of Insurance certified on June 14, 2005. This certificate reflects the name change of Security Continental Insurance Company to TruAssure Insurance Company.

I am including the Certificate along with a copy of the letter you sent requesting further information and our original application to amend our name and state of domicile. Please contact me at 630-724-4048 (www.cparlin@truassure.com), if you have any questions or need any additional information. Thank you for your time.

Sincerely,

A handwritten signature in cursive script that reads "Carol Parlin".

Carol Parlin
Director

Enclosures



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 24, 2005

CAROL PARLIN
TRUASSURE INSURANCE COMPANY
801 ODGEN AVE.
LISLE, IL 60532

SUBJECT: SECURITY CONTINENTAL INSURANCE COMPANY
Ref. Number: P01186

We have received your document for SECURITY CONTINENTAL INSURANCE COMPANY and check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date 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. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6903.

Cheryl Coulliette
Document Specialist

Letter Number: 005A00037316



June 29, 2005

Cheryl Coulliette
Division of Corporations
Florida Department of State
P.O. Box 6327
Tallahassee, FL 32314

Re: TruAssure Insurance Company, f.k.a. Security Continental Insurance Company
Ref. Number: P01186, Letter Number: 005A00037316

Dear Ms. Coulliette:

Per our discussion, please find enclosed the Articles of Reorganization for Security Continental Insurance Company. The name change to TruAssure Insurance Company is referenced in Item 2 and the change in domicile is referenced in Items 1 and 5.

I am including two copies for your use. Please contact me at 630-724-4048 (www.cparlin@truassure.com), if you have any questions or need any additional information. Thank you for your time.

Sincerely,

A handwritten signature in cursive script that reads "Carol Parlin".

Carol Parlin
Director

Enclosures

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)

P01186
(Document number of corporation (if known))

1. Security Continental Insurance Company

(Name of corporation as it appears on the records of the Department of State)

2. Delaware

(Incorporated under laws of)

3. March 1, 1984

(Date authorized to do business in Florida)

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SECRETARY OF STATE

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? February 18, 2004

5. TruAssure 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)

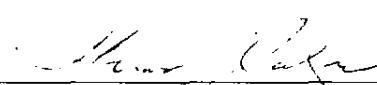
(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

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.

Illinois
(New jurisdiction)


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

Thomas J. Colgan

(Typed or printed name of person signing)

5/2/05
(Date)

President

(Title of person signing)



STATE OF ILLINOIS
DEPARTMENT OF FINANCIAL
AND PROFESSIONAL REGULATION
Division of Insurance

320 WEST WASHINGTON STREET
SPRINGFIELD, ILLINOIS 62767-0001



I, the undersigned, Director of Insurance of the State of Illinois, hereby certify that the document to which this Certification is attached is a true and correct copy of the original now on file in and forming a part of the records of the Illinois Department of Financial and Professional Regulation, Division of Insurance.

In witness whereof, I hereto set my hand and cause to be affixed this Seal in Springfield, Illinois.

Date: JUN 14 2005

Michael T. McKeith

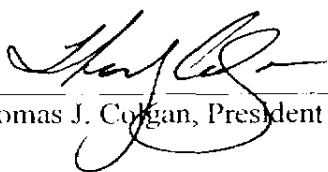
Director of Insurance

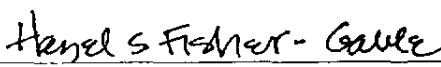
**ARTICLES OF REORGANIZATION
OF
SECURITY CONTINENTAL INSURANCE COMPANY**

Pursuant to Section 180 of the Illinois Insurance Code, the Insurance Company hereinafter named does hereby adopt these Articles of Reorganization:

1. The Insurance Company was originally organized under the Delaware General Corporation Law.
2. The name of the Insurance Company is TruAssure Insurance Company.
3. The Insurance Company's principal office is located at 809 Ogden Avenue, Lisle, Illinois 60532.
4. The period of duration of the Insurance Company is perpetual.
5. The Insurance Company proposes to engage in the business of life insurance, accident insurance, and health insurance under Class 1 of Section 4 of the Illinois Insurance Code, as is now in effect and as may be amended from time to time. The Insurance Company proposes to also engage in any lawful act or activity for a life, accident and health insurance company organized under the Illinois Insurance Code, as is now in effect, and as may be amended from time to time.
6. The management of the business and the conduct of the affairs of the Insurance Company shall be vested in its Board of Directors. The number of directors of the Insurance Company shall be no more than twelve (12) and no less than eight (8). The term of a director shall be for one (1) year. Each director shall be a natural person of at least 18 years of age, and a citizen of the United States. At least three (3) directors shall be residents and citizens of the State of Illinois. The directors will be elected by majority vote of the holders of voting stock. The Board of Directors shall have the power to adopt, amend or repeal the ByLaws without shareholder approval, but the shareholders retain the power to amend, repeal or reinstate any bylaw so adopted, amended or repealed.
7. The aggregate number of shares which the Insurance Company is authorized to issue is 125,000 having a par value of \$10.
8. From time to time, any of the provisions of these Articles of Reorganization may be amended, altered, or repealed, and other provisions authorized by Illinois law may be added, to an extent and in a manner authorized by Illinois law in effect at that time. The Insurance Company shall be bound by all the terms and provisions of the Illinois Insurance Code applicable to similar domestic companies organized and incorporated thereunder.

IN WITNESS WHEREOF, the undersigned being the President and Secretary of the Company hereinabove named, under penalties of perjury do each hereby declare and certify that this is the act and deed of the Company and the facts stated herein are true, and accordingly have hereunto signed these Articles of Reorganization this 31st day of December 2003.


Thomas J. Colgan, President


Hazel S. Fisher-Gable, Secretary

[SEAL]

