

809031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

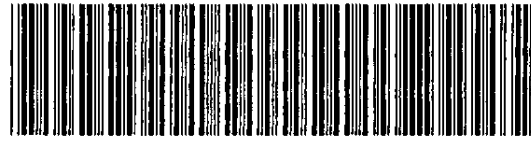
(Business Entity Name)

(Document Number)

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11 FEB 28 AM 11:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*TR 3-2-4*

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BCS Life Insurance Company  
Name of Corporation

**DOCUMENT NUMBER:** 809031

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

June Stracener  
Name of Contact Person

Mitchell Williams Law Firm  
Firm/Company

5414 Pinnacle Point Drive, Suite 500  
Address

Rogers, AR 72758  
City/State and Zip Code

hcarpenter@bcsgroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

June Stracener at ( 479 ) 464-5668  
Name of Contact Person 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  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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.)

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SECTION I**  
**(1-3 MUST BE COMPLETED)**

809031

(Document number of corporation (if known))

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

2. Illinois 3. 8-20-1952  
(Incorporated under laws of) (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? 3-1-11

5. 4 Ever Life 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. 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.

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

Henry Alan Carpenter  
(Typed or printed name of person signing)

Secretary  
(Title of person signing)



STATE OF ILLINOIS  
DEPARTMENT 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 Insurance.

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

Date: \_\_\_\_\_

JAN 25 2011

*Michael T. McKeith*  
Director of Insurance

**AMENDED ARTICLES OF INCORPORATION**

**OF**

**BCS LIFE INSURANCE COMPANY**

The Amended Articles of Incorporation of BCS Life Insurance Company read as follows:

**ARTICLE I**

The corporate name of the company shall be "4 Ever Life Insurance Company."

**ARTICLE II**

The location of its principal office shall be in the Village of Oakbrook Terrace, County of DuPage and State of Illinois.

**ARTICLE III**

The period for which the company shall endure shall be perpetual.

**ARTICLE IV**

The class of business in which the company proposes to engage and the kind of insurance which it proposes to write shall be as defined and classified in and by Class 1 of Section 4 of the Illinois Insurance Code; namely, Life and Accident and Health.

**ARTICLE V**

The corporate powers of the company shall be exercised by a Board of Directors which shall consist of not less than five nor more than nine members, at least three of whom shall be residents and citizens of the State of Illinois and each of whom shall hold office for a term of one year and until his successor in office shall be elected and qualified. The members of the Board of Directors shall be elected by the shareholders at each annual meeting. In all election of Directors each shareholder shall have the right to vote, in person or by proxy the number of shares owned by him, for as many persons as there are Directors being elected, or to cumulate said shares and give one candidate as many votes as the number of Directors multiplied by the number of his shares shall equal, or to distribute them on the same principle among as many candidates as he shall think fit.

**ARTICLE VI**

The amount of capital of the company shall be Two Million Five Hundred Thousand Dollars (\$2,500,000.00) consisting of twenty-five thousand (25,000) shares of the par value of One Hundred Dollars (\$100.00) per share.

