

TRADEMARK ASSIGNMENT COVER SHEET

Electronic Version v1.1
Stylesheet Version v1.2

ETAS ID: TM674135

SUBMISSION TYPE:	NEW ASSIGNMENT		
NATURE OF CONVEYANCE:	CHANGE OF NAME		
CONVEYING PARTY DATA			
Name	Formerly	Execution Date	Entity Type
North Coast Life Insurance Company		06/01/2016	Corporation: WASHINGTON
RECEIVING PARTY DATA			
Name:	GPM HEALTH AND LIFE INSURANCE COMPANY		
Street Address:	2211 NE Loop 410		
City:	San Antonio		
State/Country:	TEXAS		
Postal Code:	78217		
Entity Type:	Corporation: WASHINGTON		
PROPERTY NUMBERS Total: 1			
Property Type	Number	Word Mark	
Registration Number:	1203028	NORTH COAST LIFE	
CORRESPONDENCE DATA			
Fax Number:			
<i>Correspondence will be sent to the e-mail address first; if that is unsuccessful, it will be sent using a fax number, if provided; if that is unsuccessful, it will be sent via US Mail.</i>			
Phone:	5097472052		
Email:	sto@randalldanskin.com		
Correspondent Name:	Shamus T. O'Doherty		
Address Line 1:	601 West Riverside		
Address Line 2:	Suite 1500		
Address Line 4:	Spokane, WASHINGTON 99201		
ATTORNEY DOCKET NUMBER:	23628-02		
NAME OF SUBMITTER:	Shamus T. O'Doherty		
SIGNATURE:	/Shamus T. O'Doherty/		
DATE SIGNED:	09/13/2021		
Total Attachments: 8			
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FILED

MAY 25 2016

IN THE OFFICE OF THE INSURANCE COMMISSION
STATE OF WASHINGTON

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**RESTATED ARTICLES OF INCORPORATION
of
GPM HEALTH AND LIFE INSURANCE COMPANY**

KNOW ALL MEN BY THESE PRESENTS that the undersigned, each of whom is a citizen of the United States of America, for the purpose of continuing business as a corporation under the laws of the State of Washington, and in pursuance thereof, do hereby sign and acknowledge the following Restated Articles of Incorporation, in duplicate originals, and so state as follows:

ARTICLE I.

The names of the original incorporators were CHESTER L. SEELEY, JOHN H. LEUTHOLD, EDWARD H. HUGHES, C. ROBERT OGDEN, and R. J. MARTIN, all of whom were residents of the State of Washington at the time of incorporation.

ARTICLE II.

The name of this corporation shall be GPM HEALTH AND LIFE INSURANCE COMPANY.

ARTICLE III.

The purpose of the corporation shall be to carry on the business of life and disability insurance in all its phases as defined and permitted under the laws of the State of Washington, and to do all things necessary to carry into effect such purposes.

ARTICLE IV.

The corporation shall be a stock insurer.

ARTICLE V.

The authorized capital stock of the Corporation shall be as follows:

Two million five hundred five thousand dollars (\$2,505,000) consisting of one million five hundred thousand (1,500,000) shares of common stock having a par value of one dollar and sixty-seven cents (\$1.67) per share. The common shares shall vote for the election of the Board of Directors of the corporation and on such other matters upon which the shareholder(s) is ; entitled to vote by law.

ARTICLE VI.

The duration of the corporation shall be perpetual.

ARTICLE VII.

The names of the directors of the corporation who managed its affairs for a period of two (2) months after its incorporation were CHESTER L. SEELEY, JOHN H. LEUTHOLD, EDWARD H. HUGHES, C. ROBERT OGDEN, and R. J. MARTIN.

ARTICLE VIII.

The location of the principal place of business of the corporation shall be Spokane, Washington.

ARTICLE IX.

The management of the corporation shall be vested in a Board of Directors which shall consist of not less than nine (9) nor more than fifteen (15) members, and the number, qualifications, terms of office, manner of election, time and place of meeting, and powers and duties of the Directors shall be such as are prescribed by the By-Laws of the corporation.

ARTICLE X.

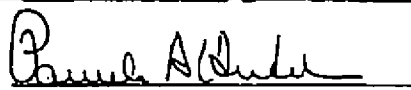
The authority to make By-Laws for the corporation is hereby vested in the Board of Directors, subject to the power of the shareholder(s) to change or repeal such By-Laws at shareholder meetings.

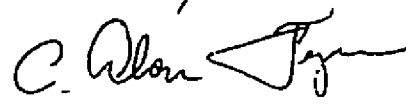
ARTICLE XI.

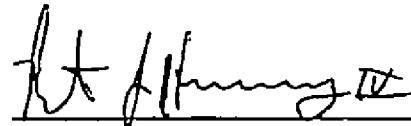
This corporation shall have the power to purchase shares of its own outstanding stock in whole or in part out of unreserved and unrestricted earned surplus available therefor, or out of unreserved and unrestricted capital surplus available therefor, or out of both such earned surplus and capital surplus, as well as is otherwise authorized by law.

IN WITNESS WHEREOF, the following Directors of GPM Health and Life Insurance Company, who are authorized to vote all of its shares on behalf of its parent corporation, have hereunto set their hands this 1st day of June, 2016.


Peter J. Hennessey IV


Pamela A Hutchins


C. Alan Ferguson


Peter J. Hennessey IV

CERTIFICATION

STATE OF TEXAS)
COUNTY OF BEXAR)

Cynthia Dodd Smith, Secretary of GPM HEALTH AND LIFE INSURANCE COMPANY, hereby certifies under oath, penalty of perjury, and the laws of the State of Washington, that the following are the Restated Articles of Incorporation duly adopted by the sole stockholder of said corporation as last amended to be effective on June 1, 2016, and that the said Articles of Incorporation as so amended and restated are still true and correct, still in full force and effect, and have not otherwise been altered, amended or repealed.

Cynthia Dodd Smith
Cynthia Dodd Smith

SUBSCRIBED AND SWORN to me this 20th day of May, 2016.



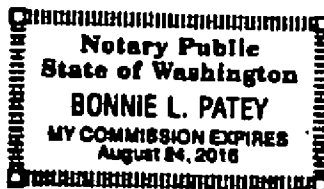
Bette K. Wieland
Notary Public
State of Texas
My commission expires 5-1-2017

STATE OF WASHINGTON)
COUNTY OF SPOKANE)

Robert J. Ogden, President and COO of GPM HEALTH AND LIFE INSURANCE COMPANY, hereby certifies under oath, penalty of perjury, and the laws of the State of Washington, that the following are the Restated Articles of Incorporation duly adopted by the sole stockholder of said corporation as last amended ^{to be effective} on June 1, 2016, and that the said Articles of Incorporation as so amended and restated are still true and correct, still in full force and effect, and have not otherwise been altered, amended or repealed.

Robert J. Ogden
Robert J. Ogden

SUBSCRIBED AND SWORN to me this 19 day of May, 2016.



Bonnie L. Patey
Notary Public
State of Washington
My commission expires 8-24-16

STATE OF WASHINGTON




OFFICE OF
INSURANCE COMMISSIONER

I, MIKE KREIDLER, State Insurance Commissioner, do hereby certify that I am the state official charged with the general control and supervision of all insurance business (except State Workers' Compensation) transacted in the State of Washington and charged with the administration of the laws relating to insurance in said jurisdiction, and that this office is a department of record, having custody of original documents.

*I FURTHER CERTIFY That the attached is a full, true, and accurate copy of Certificate of Authority No. 968, issued to **GPM HEALTH AND LIFE INSURANCE COMPANY**, as filed in the Office of Insurance Commissioner for the State of Washington.*

IN WITNESS WHEREOF, *I have hereunto set my hand and affixed the official seal of the Insurance Commissioner of the State of Washington, this 9th day of June, 2016.*

MIKE KREIDLER
Insurance Commissioner

By: 
Douglas A. Hartz, MBA, JD, CIR-ML
Deputy Insurance Commissioner



STATE OF WASHINGTON



OFFICE OF
INSURANCE COMMISSIONER

I, MIKE KREIDLER, State Insurance Commissioner, do hereby certify that I am the state official charged with the general control and supervision of all insurance business (except State Workers' Compensation) transacted in the State of Washington and charged with the administration of the laws relating to insurance in said jurisdiction, and that this office is a department of record, having custody of original documents.

I FURTHER CERTIFY That the attached is a full, true, and accurate copy of the Restated Articles of Incorporation of GPM HEALTH AND LIFE INSURANCE COMPANY, as filed in the Office of the Insurance Commissioner for the State of Washington.

IN WITNESS WHEREOF, I have hereunto set my hand and caused my official seal to be affixed this 19th day of september, 2016.

MIKE KREIDLER
Insurance Commissioner

By: _____

A handwritten signature in black ink, appearing to read "D. Hartz".

Douglas A. Hartz, MBA, JD, CIR-ML
Deputy Insurance Commissioner



TRADEMARK

REEL: 007420 FRAME: 0163

AMENDED
No. 968

Certificate of Authority

STATE OF WASHINGTON
INSURANCE COMMISSIONER
OLYMPIA

THIS IS TO CERTIFY, That

GPM HEALTH AND LIFE INSURANCE COMPANY
Spokane, Washington

organized under the laws of WASHINGTON presented satisfactory evidence of compliance with the Insurance Code of the State of Washington and is therefore granted this Certificate of Authority, authorizing the company, subject to all provisions of this Certificate, to transact the following classes of insurance:

Life
Disability

as such classes are now or may hereafter be defined in the Revised Code of Washington.

THIS CERTIFICATE is expressly conditioned upon the holder being and remaining in full compliance with, and not in violation of, all of the applicable laws and lawful requirements made under authority of the laws of the State of Washington.

THIS CERTIFICATE will be automatically revoked upon failure to annually apply for renewal or pay the statutory fee for renewal.

THIS CERTIFICATE IS NOT TRANSFERABLE WITHOUT THE PRIOR WRITTEN CONSENT OF THE COMMISSIONER.

*IN WITNESS WHEREOF, effective as of the 28th day
of April, 1965, I have hereunto set my hand
and caused my official seal to be affixed this 1st day of
June, 2016.*



Mike Kreidler
Insurance Commissioner

By *[Signature]*
Douglas A. Hartz, MBA, JD, CIR-AL
Deputy Insurance Commissioner

Originally authorized as North Coast Life Insurance Company.

TRADEMARK
REEL: 007420 FRAME: 0164

September 23, 2016

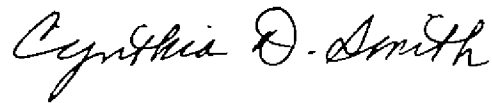
Ms. Stacie Chambless
Customer Service Specialist II
Corporations Division
Office of the Secretary of State
P. O. Box 40234
Olympia, WA 98504

Re: North Coast Life Insurance Company, Spokane, WA
Name change to GPM Health and Life Insurance Company

Dear Ms. Chambless:

North Coast Life Insurance Company had filed for incorporation in Washington on February 5, 1965. Effective June 1, 2016, the Washington Office of Insurance Commissioner (OIC) approved its request for a name change to GPM Health and Life Insurance Company, and the certified Restated Articles of Incorporation. Enclosed is the certified Amended Certificate of Authority issued by the OIC. Please change the name of North Coast Life Insurance Company in your records to GPM Health and Life Insurance Company. If it is possible, could you use the June 1st effective date? I've enclosed our check for \$30 payable to the Secretary of State.

Also, once the name change has been made to the corporate registration, please send me 5 certified copies of the registration evidencing the name change. Please let me know the cost for certified copies. Thank you for your assistance.



Cynthia D. Smith
AVP, Associate General Counsel and Secretary
GPM Health and Life Insurance Company
2211 NE Loop 410
San Antonio, Texas 78217
Email: cdsmith@gpmlife.com
Direct phone: 210-357-2295

Enclosures