


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 98 DEC 17 AM 9:04 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # 812200					
1. Corporation Name LIFE INSURANCE COMPANY OF NORTH AMERICA					
Principal Place of Business % HARRY E HOYT 1601 CHESTNUT ST., TWO LIBERTY PLACE PHILADELPHIA PA 19192			Mailing Address % HARRY E HOYT 1601 CHESTNUT ST., TWO LIBERTY PLACE PHILADELPHIA PA 19192		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, if Applicable % George D. Mulligan Suite, Apt. #, etc.		3. New Mailing Office Address, if Applicable % George D. Mulligan Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 09/12/1957	
City & State		City & State		5. FEI Number 23-1503749	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
VD	DEMING, GREGORY A	1601 CHESTNUT ST	PHILADELPHIA PA		
V	BROWNMILLER, RICHARD A	1601 CHESTNUT ST	PHILADELPHIA PA		
VD	MCENDY, KATHLEEN A	1601 CHESTNUT ST	PHILADELPHIA PA		
S	MULLIGAN, GEORGE D	1601 CHESTNUT ST	PHILADELPHIA PA 19192		
PCD	LEONARD., JOHN K	1601 CHESTNUT ST	PHILADELPHIA PA 19192		
VT	BERGSTAINSSON, PAUL	1601 CHESTNUT ST	PHILADELPHIA PA		
8. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL BLDG TALLAHASSEE FL 32301 300002722563-7 12/24/98-01096-013 ***750.00 ***750.00			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent _____ SIGNATURE REQUIRED _____ Date _____ REGISTERED AGENT MUST SIGN					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: <u><i>George D. Mulligan</i></u> SIGNATURE REQUIRED <u>11/19/98</u> <u>215-761-2907</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary Date Daytime Phone # George D. Mulligan, Corporate Secretary					

CR2E040 (6/98)