

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

Mailing Address

% HARRY E HOYT
 1601 CHESTNUT ST., TWO LIBERTY PLACE
 PHILADELPHIA PA 19192

% 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

5. FEI Number

23-1503749

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 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	BERGSTEINSSON, PAUL	1601 CHESTNUT ST	PHILADELPHIA PA

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
 CAPITOL BLDG
 TALLAHASSEE FL 32301

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 No N/A

(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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 George D. Mulligan, Corporate Secretary

Date

11/19/98

Daytime Phone #

215-761-2907

CR2E040 (6/98)