

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 812200

1. Corporation Name

LIFE INSURANCE COMPANY OF NORTH AMERICA

Principal Place of Business

Mailing Address

% ROBERT J. UPTON
1601 CHESTNUT ST
PHILADELPHIA PA 19192

% ROBERT J. UPTON
1601 CHESTNUT ST
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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



4. Date Incorporated or Qualified
To Do Business in Florida

09/12/1957

5. FEI Number

23-1503749

Applied For

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
9/0	BOWLES, CHARLES A Bell, MICHAEL WILLIAM	1601 CHESTNUT ST	PHILADELPHIA PA 19192
9/1	GREEN, EDWARD L Mc HALE, BARRY RICHARD	1601 CHESTNUT ST	PHILADELPHIA PA 19192
9/2	MCENEE, KATHLEEN A VOGT, PETER JOHN	1601 CHESTNUT ST	PHILADELPHIA PA 19192
9/3	UPTON, ROBERT J	1601 CHESTNUT ST	PHILADELPHIA PA 19192
9/4	REISENWEITZ, ERIC MICHAEL	1601 CHESTNUT ST	PHILADELPHIA PA 19192
9/5	DURNING, LUCYBA JEANE	1601 CHESTNUT ST	PHILADELPHIA PA 19192

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

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

100004672671--6

-11/08/01--01058--013

Date ****750.00 ****750.00

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Corporate Secretary

Date

Daytime Phone #

215-761-1977