

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

99 NOV - 1 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 838468

1. Corporation Name

NEW LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

P.O. BOX 160050
AUSTIN TX 78716-0050

P.O. BOX 160050
AUSTIN TX 78716-0050



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/24/1977	
City & State		City & State		5. FEI Number	
Zip		Zip		74-2552026	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status * * * * * 750.00 State * * * * * 750.00	

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	4. City & State
TSVD S	GAPPELMAN, L.J. Saluce, Mary	1250 S CAPITAL OF TX HWY, BLDG 3	AUSTIN TX 78746
PD	POWING, NICHOLAS M Mitchell, Cliff M	1250 S CAPITAL OF TX HWY, BLDG 3	AUSTIN TX 78746
VD	SUTTON, RANDALL K.	1250 S CAPITAL OF TX HWY, BLDG 3	AUSTIN TX 78746
D TDV	CASSITY, JAMES T Williams, Janette	1250 S CAPITAL OF TX HWY, BLDG 3	AUSTIN TX 78746
VD D	PROVINCE, NEKOL Wittner, Howard A.	1250 S CAPITAL OF TX HWY, BLDG 3	AUSTIN TX 78746

8. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State Zip Code

REINSTATEMENT

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 _____ Date _____
REGISTERED AGENT MUST SIGN

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: _____ Date: 10/14/99 (512) 329-7115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #