PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2022 NOV 21 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FL

800358032015

CR2E081 (11/10)

DOCUMENT # 848171

1. Corporation Name

Central Reserve Life Insurance Company

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 1300 East Ninth Street | 11501 Alterra Parkway |
| Suite, Apt. #, etc | Suite 500 |
| City & State: Cleveland, OH | City & State: Austin, TX |
| Zip: 44114 Country: USA | Zip: 75758 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 02/04/1981

5. FEI Number: 34-0970995 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CHIEF FINANCIAL OFFICER

Street Address (P.O. Box Number is Not Acceptable): P O BOX 6200 (32314-6200)

Suite, Apt. #, Etc: 200 E. GAINES ST

City: TALLAHASSEE State: FL Zip Code: 32399-0000

REINSTATEMENT
2009 - 2022

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| | See attached. | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

10. E-mail Address: lynn.perez@cigna.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Lynn Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 11/18/2022 NOV 21 Daytime Phone #: 215-761-2721

M. WILLIAMS

## Director/Officer Business Address

## CENTRAL RESERVE LIFE INSURANCE COMPANY

| Titles | Name of Officer and/or Director | Street Address of Each Officer and/or Director | City/State/Zip |
|---|---|---|---|
| D | LINDY HINMAN | 2000 SOUTH COLORADO BLVD,, TOWER THREE, STES 1100, 1200 | DENVER CO 80222 |
| D | TRACY LABONTE | 900 COTTAGE GROVE ROAD | BLOOMFIELD CT 06002 |
| D | MARK OCHAL | 1601 CHESTNUT ST -TWO LIBERTY | PHILADELPHIA PA 19192 |
| D | DAVID SWANSON | 900 COTTAGE GROVE ROAD | BLOOMFIELD CT 06002 |
| D | JAMES YABLECKI | 900 COTTAGE GROVE ROAD | BLOOMFIELD CT 06002 |
| AS | TRACEY ANDERSON | 900 COTTAGE GROVE ROAD | BLOOMFIELD CT 06002 |
| AS | RHIANNON BERNIER | 900 COTTAGE GROVE ROAD | BLOOMFIELD CT 06002 |
| S | GENEVA BROWN | 1601 CHESTNUT ST -TWO LIBERTY | PHILADELPHIA PA 19192 |
| T | BYRON BUESCHER | 11501 ALTERRA PARKWAY, SUITE 500 | AUSTIN TX 78758 |
| CAO | BYRON BUESCHER | 11501 ALTERRA PARKWAY, SUITE 500 | AUSTIN TX 78758 |
| V | DAVID CHAMBERS | 900 COTTAGE GROVE ROAD | BLOOMFIELD CT 06002 |
| V | MARK FLEMING | 1601 CHESTNUT ST -TWO LIBERTY | PHILADELPHIA PA 19192 |
| AT | MARK FLEMING | 1601 CHESTNUT ST -TWO LIBERTY | PHILADELPHIA PA 19192 |
| AV | WILLIAM HALEY | ONE EXPRESS WAY | ST. LOUIS MO 63121 |
| V | JOANNE HART | 1601 CHESTNUT ST -TWO LIBERTY | PHILADELPHIA PA 19192 |
| AT | JOANNE HART | 1601 CHESTNUT ST -TWO LIBERTY | PHILADELPHIA PA 19192 |
| P | LINDY HINMAN | 2000 SOUTH COLORADO BLVD,, TOWER THREE, STES 1100, 1200 | DENVER CO 80222 |
| V | SCOTT LAMBERT | 900 COTTAGE GROVE ROAD | BLOOMFIELD CT 06002 |
| AT | SCOTT LAMBERT | 900 COTTAGE GROVE ROAD | BLOOMFIELD CT 06002 |
| AV | ERIC MARTINEZ | 900 COTTAGE GROVE ROAD | BLOOMFIELD CT 06002 |
| GM | MARK OCHAL | 1601 CHESTNUT ST -TWO LIBERTY | PHILADELPHIA PA 19192 |
| V | KATHLEEN O'NEIL | 900 COTTAGE GROVE ROAD | BLOOMFIELD CT 06002 |
| AA | DANIEL PAFFUMI | 900 COTTAGE GROVE ROAD | BLOOMFIELD CT 06002 |
| AS | LYNN PEREZ | 1601 CHESTNUT ST -TWO LIBERTY | PHILADELPHIA PA 19192 |
| AS | MARLENA PICKERING | 900 COTTAGE GROVE ROAD | BLOOMFIELD CT 06002 |
| AS | ANN QUENTAL | 900 COTTAGE GROVE ROAD | BLOOMFIELD CT 06002 |
| V | DREW REYNOLDS | 1601 CHESTNUT ST -TWO LIBERTY | PHILADELPHIA PA 19192 |
| AT | DREW REYNOLDS | 1601 CHESTNUT ST -TWO LIBERTY | PHILADELPHIA PA 19192 |
| AT | JUMANA SIDDIQUI | 900 COTTAGE GROVE ROAD | BLOOMFIELD CT 06002 |
| CFO | DAVID SWANSON | 900 COTTAGE GROVE ROAD | BLOOMFIELD CT 06002 |
| CA | DAVID SWANSON | 900 COTTAGE GROVE ROAD | BLOOMFIELD CT 06002 |
| AV | KATHLEEN TIMM | 900 COTTAGE GROVE ROAD | BLOOMFIELD CT 06002 |
| AS | HEATHER WEGRZYNIAK | 900 COTTAGE GROVE ROAD | BLOOMFIELD CT 06002 |

# CT CORP

**3458 Lakeshore Drive, Tallahassee, FL 32312**
**850-656-4724**

**Date:** 11/21/2022

Acc#I20160000072

| | |
|---|---|
| Name: | Central Reserve Life Insurance Company |
| Document #: | |
| Order #: | 14643847 |

| | | | | |
|---|---|---|---|---|
| Certified Copy of Arts & Amend: | ☐ | | | |
| Plain Copy: | ☐ | | | |
| Certificate of Good Standing: | ☐ | | | |
| Certified Copy of | ☐ | | | |
| Apostille/Notarial Certification: | ☐ | | Country of Destination: | |
| | | | Number of Certs: | |

| | | | |
|---|---|---|---|
| Filing: | ☑ | Certified: | ☐ |
| | | Plain: | ☑ |
| | | COGS: | ☐ |

Availability _____

Document ___
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: $ 2700.00

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2022 NOV 21 AM 11:27
TALLAHASSEE, FLORIDA

Thank you!