

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Ag 1*

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 19 AM 9:28

DOCUMENT # P00100

1. Corporation Name
AGL LIFE ASSURANCE COMPANY

Principal Place of Business	Mailing Address
980 HARVEST DR SUITE 200 BLUE BELL PA 19422 US	9801 INDIAN HILLS DR 1 OMAHA NE 68114 US



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.		12/02/1983	
City & State		City & State		5. FEI Number	
Zip		Country		62-0795747	
				Applied For	
				Not Applicable	
				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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PCEO	HILLMAN, JOHN K	980 HARVEST DR, SUITE 200	BLUE BELL PA 19422
D	KEIM, KENT	980 HARVEST DR, SUITE 200	BLUE BELL PA 19422
VP	OBERLIES, SUSAN	980 HARVEST DR, SUITE 200	BLUE BELL PA 19422
VP	WARE, JOHN	980 HARVEST DR, SUITE 200	BLUE BELL PA 19422
VP M	WHITE, JOHN R LEVINE, KRISTINE L	980 HARVEST DR, SUITE 200 8801 INDIAN HILLS DR	BLUE BELL PA 19422 Omaha NE 68114
VP	SPELLMAN, RICHARD A	8801 INDIAN HILLS DR	OMAHA NE 68114

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
FLORIDA INSURANCE COMMISSIONER THE CAPITOL BUILDING TALLAHASSEE FL 32301		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc. 400003027134--6	
		-10/27/99--01106--009	
		City	
		750, 500, 50, 00	
		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 _____ Date _____

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director of 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: *Katherine L Harris* KRISTINE L LEVINE *AD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/14/99 Daytime Phone # 402-361-7300

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AGL Life Assurance Company

Name of Director	Title
Robert D. Bates (1)	Director
William L. Bauhard (1)	Director
Theodore C. Cooley (1)	Director
John K. Hillman (2)	Director
Bernard W. Reznicek (1)	Director
A. J. Scribante (1)	Director
William F. Welsh II (1)	Director

Name of Officer	Title
William L. Bauhard (1)	Senior Vice President, Chief Financial Officer and Treasurer
Charles E. Boyle (1)	Senior Vice President - Information Systems and Services
Charles D. Cunningham, Jr., JD, CLU (1)	Vice President - Law Department
Margaret A. Falck, JD (1)	Associate Counsel and Assistant Secretary
John K. Hillman (2)	President and Chief Executive Officer
Robert M. Jergovic, CFA, CFP, FLMI (1)	Vice President - Investment Management and Assistant Treasurer
Lori L. Keating, CFA, ASA (1)	Asset/Liability Management - Vice President
Kent C. Keim (2)	Director - Financial Reporting and Analysis
Kristine L. Levine (1)	Tax/Compliance Manager
Sally E. McCarney (1)	Investment Specialist
John W. Neppl, FLMI, CPA (1)	Vice President and Controller
Susan M. Oberlies, J.D. (2)	Vice President, Assistant Secretary and Assistant General Counsel
Gail A. Smith, FLMI, ACS, AIAA, ALHC (1)	Senior Vice President - Individual Insurance Services
Richard A. Spellman, JD (1)	Senior Vice President, General Counsel and Secretary
Paul L. Strong, CFA (1)	Investment Officer - Securities
Paul J. Sulek (2)	Vice President, Chief Actuary and Assistant Secretary*
John W. Ware (2)	Vice President - Operations

*Mr. Sulek is AGL Life Assurance Company's appointed and illustration actuary.

Addresses:

- (1) 980 Harvest Drive Blue Bell, PA 19422
- (2) 8801 Indian Hills Dr Omaha NE 68114