PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

99 APR -6 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03785

1. Corporation Name

American Physicians Life Insurance Company

Principal Place of Business / Mailing Address

2720 East Camelback Road
Phoenix, AZ 85016

REINSTATEMENT 4-6-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: 6/18/85

5. F.E.I. Number: 31-0935772 | 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)

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
P CEO D	Wayne A. Schreck	2720 East Camelback Road	Phoenix, AZ 85016
D S VP	Denise L. Thoren	2720 East Camelback Road	Phoenix, AZ 85016
D T EVP	Duane T. Miller	2720 East Camelback Road	Phoenix, AZ 85016
C D	Kenneth W. Phillips	2720 East Camelback Road	Phoenix, AZ 85016
D SVP	Kathy E. Stevens	2720 East Camelback Road	Phoenix, AZ 85016
SVP	David M. Cleff	2720 East Camelback Road	Phoenix, AZ 85016

8. Name and Address of Current Registered Agent

Bill Nelson
200 E. Gaines Street
Larson Building
Tallahassee, Florida 32399

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc

City | State: FL | Zip Code

CR2E091 (12/96)

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

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☒ No ☐

(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: _____ 3/2/99 602-957-0777 Ext. 6120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #