

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO4939**

1. Corporation Name

American Retirement Life Insurance Company

2. Principal Office Address - No P.O. Box #
250 E. Fifth Street

3. Mailing Office Address
5508 Parkcrest Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Cincinnati, OH

City & State
Austin

Zip
45202

Country
USA

Zip
78731

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
02/08/1985

5. FEI Number
592760189

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)
200 E. Gaines Street

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32399

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0401, F.S.

~~200638011517~~
04/23/07--01038--017 **1050.00

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
D	Charles R Scheper	250 East Fifth Street	Cincinnati, OH 45202
D	Stephen C Linder	250 East Fifth Street	Cincinnati, OH 45202
P	Billy B Hill, Jr.	5508 Parkcrest Drive	Austin, TX 78731
T	Byron K. Buescher	5508 Parkcrest Drive	Austin, TX 78731
D	Mark F. Muething	250 East Fifth Street	Cincinnati, OH 45202
D	Christopher P Miliano	250 East Fifth Street	Cincinnati, OH 45202

10. 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 contained in Chapter 119, 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

Byron K. Buescher

3/26/07
Date

512-451-2224
Daytime Phone #

FILED
2007 APR 16 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B 4/19/07
B 4/18/07
REINSTATEMENT OS 07

CR2E081 (1/07)