



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 809263			
1. Corporation Name United Home Life Insurance Company			
2. Principal Office Address 225 S. East Street Suite, Apt. #, etc.		3. Mailing Office Address P.O. Box 7192 Suite, Apt. #, etc.	
City & State Indianapolis, IN		City & State Indianapolis, IN	
Zip 46202	Country USA	Zip 46207-7192	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 1948		5. FEI Number 35-0841899	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		Applied For Not Applicable	
		\$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
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
DP	Donald B. Villwock	15810 E. SR 358	Edwardsport, IN 47528
DEV	J. Jerry Canada	2747 Woodward Way	Indianapolis, IN 46268
D	Dale E. Brown	Rt 1Box 71A	Shoals, IN 47581
D	Sheryl L. Fidler	1377 W. Stockyard Road	Winchester, IN 47394
D	Kerry J. Goshert	7132 S.1300W	Mentone, IN 46539
D	Robert C. Herrold	7306 South SR 17	Kewanna, IN 46939
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 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: 		10/03/2005 317-692-7200	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

ADDITIONAL DIRECTORS AND OFFICERS

UNITED HOME LIFE INSURANCE COMPANY

VS

Lynn B. Jongleux
7792 Holliday Drive East
Indianapolis, IN 46260

D

Randall C.W. Kron
17425 Owensville Road
Evansville, IN 47720

D

Erna J. Lloyd
6557 N. Orchard Road
Chrisney, IN 47611

DVT

Joseph A. Martin
2640 Old State Rd. 37N
Martinsville, IN 46151

V

Carl L. Shepherd
10748 Royal Drive
Carmel, IN 46032

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