PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 NOV 14 AM 8:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 813915

1. Corporation Name
UNITED EQUITABLE INSURANCE COMPANY

Principal Place of Business	Mailing Address
~~7373 N. CICERO AVENUE~~ ~~LINCOLNWOOD IL 60646~~ 9833 Woods Drive Skokie, IL 60077	~~7373 N. CICERO AVENUE~~ ~~LINCOLNWOOD IL 60646~~ 9833 Woods Drive Skokie, IL 60077

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

REINSTATEMENT 97

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
9833 Woods Drive	9833 Woods Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Skokie, IL	City & State: Skokie, IL
Zip: 60077 Country:	Zip: 60077 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 10/26/1959

5. FEI Number: 36-6049887 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	MORROW, STEPHEN	~~7373 N. CICERO AVENUE~~ 9833 Woods Drive	LINCOLNWOOD IL Skokie IL
D	FELDMAR, ~~DOROTHY~~ Gary	7373 N. CICERO AVENUE	LINCOLNWOOD IL
TD	LUSTBADER, MERLE	7373 N. CICERO AVENUE	LINCOLNWOOD IL
V	~~JURASCK~~, STEVEN C Jurasek	7373 NORTH CICERO AVENUE	LINCOLNWOOD IL
D	LUSTBADER, ROBERT	7373 N. CICERO AVENUE	LINCOLNWOOD IL 11-17-97
D	GEORGE, J. A	7373 N CICERO AVE	LINCOLONWOOD IL

8. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

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:

900090285057 9--6
-11/18/97--01058--013
****750.00 ****250.00

CR2E040 (8/97)

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: Per 11/5 Conversation w/ Leslie Signature not required. Date:
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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: Steve Morrow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/5/97 Date 847/583-4600 Daytime Phone #