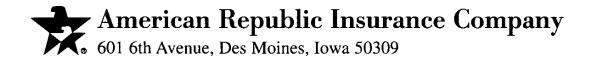
•				•						יטן
	PLEASE READ A	ALL INSTR	RUCTI	IONS BE	FORE C	OMPLETIN			•	
REINSTATEMENT (AMAGEMENT)				TMENT O y of State orporation		JAN -	LED -5 <b>m 7:</b> ry of st			
DOCUMENT # 815169  1. Corporation Name						TAL	LAHA	RY OF SI SSEE, FLO	RIBA	
American Republic Insurance Company										
						1 O) 01/09/0	008 0701	<b>3763</b> 009020	021. ) **8.	75
2. Principal Office Address 601 Sixth Avenue 7.0.			flice Address Box 1			REI	NQ		15) TA <b>Q</b> (17)(T	<b>"רבהף</b> <i>ע</i> "ד
Suite, Apt. #, etc. Suite, Apt. #.			etc.			4. Date Incorpor	ated or Qu	olified		
City & State Des Moines, Iowa City & State Des I			Moines, Iowa			To Do Busine  5. FEI Number	•	) 11363	(( ) <del> </del>	pplied For
		<sup>7</sup> 50334				6. CERTIFICATE O		nesiden [2] \$8	.75 Additions	ot Applicable
7. Name and Address of Current Registered Agent										
Chief Financial Officer of Florida (Pursuant to Statute)										
200 East Gaines Street						100 100	<u>jos</u>	3763: 009021	021 **!50	<del>-</del>
Suite, Apt. #, Etc.						0170370				
Ťalla		FL .	32399-	0300	<u> </u>					
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.  10083763021  Signature of  Registered Agent										
Registered Agent	<u>01</u> , 03, 0	Date 1	000 055	10.1						
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Name of Street Address of Each										
Titles	Name of Officers and/or Directors			Officer	and/or Director	r	Des Moines, Iowa 50309			
_					Avenu				····	
_					Avenu			Moines,		
	Joseph E. Blair, Jr.				Avenu	·····		Moines,		-
	Tom D. Eilers				Avenu			Moines,		
	Brent B. Green				Avenu	_		Moines,		
<u></u>				Sixth	Avenu	ie	Des I	Moines,	lowa	50309
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: December 14, 2006 515-245-2072 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  December 14, 2006 515-245-2072  Date Desyline Phone #										



January 4, 2007

Barbara Mitchell
Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: American Republic Insurance Company

Reference No. 815169

Dear Ms. Mitchell:

Your letter has been returned to me for handling. I apologize for the delay, but when it was received, I was out of the office for the holidays. In my absence, Allysa Spring spoke to you, and you had informed her that if we send a Consent by American Republic Corp Insurance Company regarding the use of the name as well as a brief description documenting the structure, the reinstatement will be reconsidered.

American Republic Corp Insurance Company is a wholly owned subsidiary of World Insurance Company. In January of 2004, World Insurance Company, and its subsidiaries, merged with and into the American Enterprise Mutual Holding Company system. The American Enterprise Mutual Holding Company system encompasses four insurance companies: American Republic Insurance Company, the principal insurer; World Insurance Company; World Corp Insurance Company; and American Republic Corp Insurance Company.

I am enclosing a Consent by American Republic Corp Insurance Company, the original information submitted to the Florida Department of State, as well as an additional check for \$150.00. If you have any questions, please feel free to contact me at 515-245-2068 or becky\_eslinger@aric.com. Thank you.

Very truly yours,

Becky Eslinger

Legal & Compliance Services

/be

Enc.

## **CONSENT**

American Republic Corp Insurance Company, a Nebraska corporation, hereby consents to and authorizes American Republic Insurance Company, an Iowa corporation, the use of the name "American Republic Insurance Company" for the name of the corporation which has the full power to engage in the business of an insurance company under Title XIII Commerce, Subtitle 1, Insurance and Related Regulation of Iowa and to transact and engage in any and all lawful business for which companies may be organized under the Iowa Business Corporation Act.

Dated this 2<sup>nd</sup> day of January, 2007.

American Republic Corp Insurance Company

President, Chief Executive Officer & Chairman

Secretary