

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 NOV -8 PM 4: 27

DOCUMENT # 818133

1. Corporation Name

INVESTORS GUARANTY LIFE INSURANCE COMPANY

Principal Place of Business

~~2600 FARMERS DRIVE~~  
~~COLUMBUS OH 43230~~

Mailing Address

~~2600 FARMERS DRIVE~~  
~~COLUMBUS OH 43230~~

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.  
818 West Seventh Street

City & State  
Los Angeles, CA

Zip 90017 Country USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
200 Clarendon Street

City & State  
Boston, MA

Zip 02117 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

08/25/1964

5. FEI Number

91-6034263

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<br>and/or Directors                   | 3 Street Address of Each<br>Officer and/or Director   | 4 City / State / Zip                          |
|------------|--|---|---|
| P          | <del>MULLER, GARY</del><br>Joel Victor Kamer             | <del>2500 FARMERS DRIVE</del><br>200 Clarendon Street | <del>COLUMBUS OH</del><br>Boston, MA 02117    |
| VP         | <del>SNYDER, JEANNE</del><br>Floyd Shetler Carman        | <del>4800 WILSHIRE BLVD</del><br>200 Clarendon Street | <del>LOS ANGELES CA</del><br>Boston, MA 02117 |
| S          | <del>JUNEAR, RICHARD</del><br>Michael H. Studley         | <del>4800 WILSHIRE BLVD</del><br>200 Clarendon Street | <del>LOS ANGELES CA</del><br>Boston, MA 02117 |
| D          | <del>CLOSE, M D</del><br>Richard Alan Brown              | <del>4800 WILSHIRE BLVD</del><br>200 Clarendon Street | <del>LOS ANGELES CA</del><br>Boston, MA 02117 |
| T          | <del>CHARBONNEAU, JAMES</del><br>Kevin Joseph McWilliams | <del>2500 FARMERS DRIVE</del><br>200 Clarendon Street | <del>COLUMBUS OH</del><br>Boston, MA 02117    |
| D          | <del>GRAHAM, ROBERT</del><br>Marylou Gill Fierro         | <del>2400 FARMERS DRIVE</del><br>200 Clarendon Street | <del>COLUMBUS OH</del><br>Boston, MA 02117    |

8. Name and Address of Current Registered Agent

CASEY, WILLIAM D.  
7041 GRAND NATIONAL DRIVE  
SUITE 230  
ORLANDO FL 32819

9. Name and Address of New Registered Agent

Name  
Peter Souza, c/o CT Corporation System  
Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road  
Suite, Apt. #, Etc.  
600003046416--2  
City  
Plantation  
Date  
11/16/99  
Filing Fee  
\$750.00

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

10/25/99

11. 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:

*[Signature]*

Corporate Secretary

10/25/99

617-572-9253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #