

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

16 DEC -2 PM 4:45

TALLAHASSEE, FLORIDA

DOCUMENT # 822005

1. Corporation Name

RESOURCE LIFE INSURANCE COMPANY

2. Principal Office Address - No P.O. Box #

175 W. JACKSON BLVD.

Suite, Apt. #, etc.

11TH FLOOR

City & State

CHICAGO, IL

Zip

60604

Country

USA

3. Mailing Office Address

175 W. JACKSON BLVD.

Suite, Apt. #, etc.

11TH FLOOR

City & State

CHICAGO, IL

Zip

60604

Country

USA

200292889642

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

Oct 29, 1968

5. FET Number

47-0482911

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
NO

\$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)

P O BOX 6200 (32314-6200)

Suite, Apt. #, Etc.

200 E GAINES ST

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 12.02.16

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
	SEE ATTACHED LIST		

10. E-mail Address: ANNUALREPORTS@CSCINFO.COM

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

K. Ashton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/16

Date

312-356-2588

Daytime Phone #

K. ASHTON

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OFFICERS AND DIRECTORS OF
RESOURCE LIFE INSURANCE COMPANY

Thomas W. Warsop III
President & Director
175 W. Jackson Blvd., 11th Floor, Chicago, IL 60604

John J. Park
Executive Vice President & Chief Financial Officer
175 W. Jackson Blvd., 11th Floor, Chicago, IL 60604

Diana M. Chafey
Executive Vice President & General Counsel & Director
175 W. Jackson Blvd., 11th Floor, Chicago, IL 60604

✓ Kevin P. Diamond
Senior Vice President & Treasurer
175 W. Jackson Blvd., 11th Floor, Chicago, IL 60604

Edward H. Wagner
Director
175 W. Jackson Blvd., 11th Floor, Chicago, IL 60604

✓ Brian Keith Ollech
Controller & Director
175 W. Jackson Blvd., 11th Floor, Chicago, IL 60604

✓ Barry S. Mittenthal
Corporate Secretary & Director
175 W. Jackson Blvd., 11th Floor, Chicago, IL 60604

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 387439 7560382

AUTHORIZATION :

COST LIMIT : \$ 1,050.00

ORDER DATE : December 1, 2016

ORDER TIME : 4:01 PM

ORDER NO. : 387439-005

CUSTOMER NO: 7560382

REINSTATEMENT

NAME: RESOURCE LIFE INSURANCE
COMPANY

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS _____

RECEIVED
DEPT. OF REVENUE
16 DEC -2 PM 4:23

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