PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 NOV 17 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 99

DOCUMENT # 825651

1. Corporation Name

ASSURITY LIFE INSURANCE COMPANY

Principal Place of Business	Mailing Address
~~2000 LUCERNE DRIVE S E~~	~~2000 LUCERNE DRIVE S E~~
~~GRAND RAPIDS MI 49546~~	~~GRAND RAPIDS MI 49546~~
US	US

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1526 "K" Street	1526 "K" Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lincoln, Nebraska	City & State: Lincoln, Nebraska
Zip: 68508 Country: US	Zip: 68508 Country: US

4. Date Incorporated or Qualified To Do Business In Florida: 01/25/1971

5. FEI Number: 39-1843471 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 [illegible]

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 and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	HAESSLER, JOHN F	1526 "K" STREET	LINCOLN NE
TVP	WILDER, MYRON F	1526 "K" STREET	LINCOLN NE
SVP	RICKERS, FREDERICK R	1526 "K" STREET	LINCOLN NE
~~VP~~	~~REIMERS, TODD~~	~~1526 K STREET~~	~~LINCOLN NE 68508~~
			T00000308354 --1 -12/07/99--01093--011 *****758.75 *****758.75
			LS

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
INSURANCE COMMISSIONER STATE OF FLORIDA TALLAHASSEE FL	Name: Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, Etc.: City: State: FL Zip Code:

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 phone call to (850) 487-2031 12/2/99 Commissioner of Insurance signature not needed — REQUIRED — REGISTERED AGENT MUST SIGN Date: ______

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] MYRON F. Wilder 10/22/99 (402) 437-4318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (8/99)