

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** 830697

**1. Corporation Name**

U. S. FINANCIAL LIFE INSURANCE COMPANY

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

4000 SMITH ROAD

Suite, Apt. #, etc.

SUITE 300

City & State

CINCINNATI, OHIO

Zip

45209

Country

USA

**3. Mailing Office Address**

1290 AVENUE OF THE AMERICAS

Suite, Apt. #, etc.

ATTN: S. STERLING

City & State

NEW YORK, NY

Zip

10104

Country

USA

**7. Name and Address of Current Registered Agent**

Name

FLORIDA DEPARTMENT OF INSURANCE

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

**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

REGISTERED AGENT MUST SIGN

Date

**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
COB	RICHARD DZIADZIO	1290 AVENUE OF THE AMERICAS	NEW YORK, NY 10104
S	CAMILLE JOSEPH VARLACK	1290 AVENUE OF THE AMERICAS	NEW YORK, NY 10104
SVP	KEVIN R. BYRNE	1290 AVENUE OF THE AMERICAS	NEW YORK, NY 10104
VP	S. VINCENT ZINK	4000 SMITH ROAD, SUITE 300	CINCINNATI, OH 45209
D	MARY BETH FARRELL	1290 AVENUE OF THE AMERICAS	NEW YORK, NY 10104
VP, T	CHARLES E. MILLER	4000 SMITH ROAD, SUITE 300	CINCINNATI, OH 45209

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAMILLE JOSEPH VARLACK

8/8/08

Date

212-3145296

Daytime Phone #

FILED

08 AUG 14 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

900134467389

008--01038--006 \*\*1800.00

**REINSTATEMENT**

01-08

CR2E081 (12/07)

**4. Date Incorporated or Qualified To Do Business in Florida**

8/22/1973

**5. FEI Number**

38-20460966

☐ Applied For

☐ Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.