

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 831503			
1. Corporation Name FIRST VARIABLE LIFE INSURANCE COMPANY			
2. Principal Office Address 425 West Capitol Ave. Suite, Apt. #, etc. Ste. 1800 City & State Little Rock, AR Zip 72201 Country USA		3. Mailing Office Address P. O. Box 830765 Suite, Apt. #, etc. City & State Birmingham, AL 35283 Zip 35283 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 12/19/1973		5. FEI Number 716062723 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Chief Financial Officer		900021022019	
Street Address (P. O. Box Number, if applicable) 200 E. Gaines St		06/20/03--01009--003 ***1065.00	
Suite, Apt. #, Etc. 97-03		900021022019	
City Tallahassee		06/20/03--01009--004 ***8.15	
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 Dale W. Morris		DALE W. MORRIS ASSISTANT VICE PRESIDENT Date 6-18-03	
REGISTERED AGENT MUST SIGN			
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
Pres/Dir	Jimmy E. Massengale	2801 Hwy 280 South	Birmingham, AL 35223
VP/Dir	Allen Walker Richie	2801 Hwy 280 South	Birmingham, AL 35223
VP/Actuary/Dir	Wayne Edmund Stuenkel	2801 Hwy 280 South	Birmingham, AL 35223
VP/CIO/Dir	Richard J. Bielen	2801 Hwy 280 South	Birmingham, AL 35223
VP, Investment P/Dir	Carolyn King	2801 Hwy 280 South	Birmingham, AL 35223
VP, Sec & Gen. Counsel,	Director, Debbie Long	2801 Hwy 280 South	Birmingham, AL 35223
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 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: Jimmy E. Massengale		6-16-03 (205) 268-1000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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