

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

DOCUMENT # 832839

1. Corporation Name

GUARANTEE PROTECTIVE LIFE COMPANY

Principal Place of Business

8801 INDIAN HILLS DRIVE  
OMAHA NE 68114

Mailing Address

8801 INDIAN HILLS DRIVE  
OMAHA NE 68114

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

99 OCT 15 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 99

4. Date Incorporated or Qualified  
To Do Business in Florida

06/07/1974 SP

5. FEI Number

41-0518060

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 and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P/D	GCHSNER, P. D. Cooley, Theodore C.	8801 INDIAN HILLS DRIVE	OMAHA NE
S/D	SPELLMAN, R. A.	8801 INDIAN HILLS DRIVE	OMAHA NE
CFO/D	BAUHARD, WILLIAM L.	8801 INDIAN HILLS DRIVE	OMAHA NE
C	BOMBERGER, DAVID L. NE PPL, John	8801 INDIAN HILLS DRIVE	OMAHA NE
AS	FALCK, MARGARET A.	8801 INDIAN HILLS DRIVE	OMAHA NE
M	LEVINE, KRISTINE L	8801 INDIAN HILLS DRIVE	Omaha, NE

8. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32399-7300

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
400003023084--7  
Suite, Apt. #, Etc.  
-10/25/99--01003--006  
City  
State  
FL Zip Code  
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

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:

Kristine L Levine

KRISTINE L LEVINE

10/13/99

402-361-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #