

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **837383**

1. Corporation Name

RELIANCE LIFE INSURANCE COMPANY

Principal Place of Business

Mailing Address

THREE PARKWAY
PHILADELPHIA PA 19102-1376
US

THREE PARKWAY
PHILADELPHIA PA 19102-1376
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/16/1976

5. FEI Number

86-0225077

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P P/D	OSTENSON, THOMAS L HABERLE, ROBERT E	1145 SANCTUARY PWY 5 HANOVER SQUARE	ALPHARETTA GA 30004 NEW YORK, NY 10004
S	OSTENSON, THOMAS L McLEAN, KEVIN G	1145 SANCTUARY PWY 5 HANOVER SQUARE	ALPHARETTA GA 30004 NEW YORK, NY 10004
TO	MORAN, MICHAEL P	THREE PARKWAY	PHILADELPHIA PA 19102
T	WALKER, STEVEN BOYLE, JOSEPH M	1145 SANCTUARY PWY THREE PARKWAY	ALPHARETTA GA 30004 PHILADELPHIA, PA 19102
AS D	SPECTOR, PAUL R FEKETE, KENNETH S	THREE PWY 5 HANOVER SQUARE	PHILADELPHIA PA 19102 NEW YORK, NY 10004

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STATE INSURANCE COMMISSIONER
PLAZA LEVEL 11
THE CAPITOL
TALLAHASSEE FL 32399-7300

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

SIGNATURE 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/01

Date

(215) 864-4433

Daytime Phone #