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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

09 FEB -5 AM 10: 51

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 846388

1. Corporation Name

~~Longevity Insurance Company~~
Scor Life Insurance Company

000142889220
02/05/09--01009--005 **450.00

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

1585 Broadway, 4th floor

3. Mailing Office Address

5801 SW 6th Street

Suite, Apt. #, etc.

c/o Morgan Stanley & Co. Incorp

Suite, Apt. #, etc.

se2 fbo Longevity Ins Co, att. B. Fox

City & State

New York, NY 10112

City & State

Topeka, KS

Zip

10036

Country

USA

Zip

66636-0001

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

June 30, 1980

5. FBI Number
75-1222043

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Chief Financial Officer

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

Suite, Apt. #, Etc.
P.O. Box 6200 (FL 32314-6200)

City
Tallahassee

State Zip Code
FL 32399

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.

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
		PLEASE SEE ATTACHMENT	

B2/5/09
ATTACHMENT 07-09

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:

Caitlin F. Long

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

800-223-2440

Daytime Phone #

Attachment to January 2009 Corporation Reinstatement Application of
 Longevity Insurance Company (FL # 846388)

Title(s)	Name of Officer/Director	Street Address	City/State/ZIP
MD/P	Caitlin F. Long	1585 Broadway, 4th Floor	New York, NY 10036
MD	Matthew A. Salvner	1585 Broadway, 4th Floor	New York, NY 10036
D	William E. Ryan III	1585 Broadway, 4th Floor	New York, NY 10036
D	Daniel B. Park	1585 Broadway, 4th Floor	New York, NY 10036
D/S/GC	Duane L. Hughes, Esq.	1585 Broadway, 4th Floor	New York, NY 10036
Controller	Michael J. O'Malley	1585 Broadway, 4th Floor	New York, NY 10036
Chief Actuary	Serge Gabovich, FSA, MAAA	1585 Broadway, 4th Floor	New York, NY 10036
Compliance Officer	John M. Schwarz	1585 Broadway, 4th Floor	New York, NY 10036

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