PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2022 NOV 21 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FL

800398032019

CR2E081 (11/10)

DOCUMENT # 848171

1. Corporation Name

Central Reserve Life Insurance Company

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1300 East Ninth Street		11501 Alterra Parkway	
Suite, Apt #, etc		Suite, Apt #, etc Suite 500	
City & State Cleveland, OH		City & State Austin, TX	
Zip 44114	Country USA	Zip 75758	Country USA

4. Date Incorporated or Qualified To Do Business in Florida
02/04/1981

5. FEI Number
34-0970995 — 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)
P O BOX 6200 (32314-6200)

Suite, Apt #, Etc
200 E. GAINES ST

City	State	Zip Code
TALLAHASSEE	FL	32399-0000

REINSTATEMENT
2009 - 2022

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 _____ Date _____
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
	See attached.		

10. E-mail Address: lynn.perez@cigna.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Lynn Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/18/2022 NOV 21 22 Daytime Phone # 215-761-2721

M. WILLIAMS

Director/Officer Business Address

CENTRAL RESERVE LIFE INSURANCE COMPANY

Titles	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City/State/Zip
D	LINDY HINMAN	2000 SOUTH COLORADO BLVD,, TOWER THREE, STES 1100, 1200	DENVER CO 80222
D	TRACY LABONTE	900 COTTAGE GROVE ROAD	BLOOMFIELD CT 06002
D	MARK OCHAL	1601 CHESTNUT ST -TWO LIBERTY	PHILADELPHIA PA 19192
D	DAVID SWANSON	900 COTTAGE GROVE ROAD	BLOOMFIELD CT 06002
D	JAMES YABLECKI	900 COTTAGE GROVE ROAD	BLOOMFIELD CT 06002
AS	TRACEY ANDERSON	900 COTTAGE GROVE ROAD	BLOOMFIELD CT 06002
AS	RHIANNON BERNIER	900 COTTAGE GROVE ROAD	BLOOMFIELD CT 06002
S	GENEVA BROWN	1601 CHESTNUT ST -TWO LIBERTY	PHILADELPHIA PA 19192
T	BYRON BUESCHER	11501 ALTERRA PARKWAY, SUITE 500	AUSTIN TX 78758
CAO	BYRON BUESCHER	11501 ALTERRA PARKWAY, SUITE 500	AUSTIN TX 78758
V	DAVID CHAMBERS	900 COTTAGE GROVE ROAD	BLOOMFIELD CT 06002
V	MARK FLEMING	1601 CHESTNUT ST -TWO LIBERTY	PHILADELPHIA PA 19192
AT	MARK FLEMING	1601 CHESTNUT ST -TWO LIBERTY	PHILADELPHIA PA 19192
AV	WILLIAM HALEY	ONE EXPRESS WAY	ST. LOUIS MO 63121
V	JOANNE HART	1601 CHESTNUT ST -TWO LIBERTY	PHILADELPHIA PA 19192
AT	JOANNE HART	1601 CHESTNUT ST -TWO LIBERTY	PHILADELPHIA PA 19192
P	LINDY HINMAN	2000 SOUTH COLORADO BLVD,, TOWER THREE, STES 1100, 1200	DENVER CO 80222
V	SCOTT LAMBERT	900 COTTAGE GROVE ROAD	BLOOMFIELD CT 06002
AT	SCOTT LAMBERT	900 COTTAGE GROVE ROAD	BLOOMFIELD CT 06002
AV	ERIC MARTINEZ	900 COTTAGE GROVE ROAD	BLOOMFIELD CT 06002
GM	MARK OCHAL	1601 CHESTNUT ST -TWO LIBERTY	PHILADELPHIA PA 19192
V	KATHLEEN O'NEIL	900 COTTAGE GROVE ROAD	BLOOMFIELD CT 06002
AA	DANIEL PAFFUMI	900 COTTAGE GROVE ROAD	BLOOMFIELD CT 06002
AS	LYNN PEREZ	1601 CHESTNUT ST -TWO LIBERTY	PHILADELPHIA PA 19192
AS	MARLENA PICKERING	900 COTTAGE GROVE ROAD	BLOOMFIELD CT 06002
AS	ANN QUENTAL	900 COTTAGE GROVE ROAD	BLOOMFIELD CT 06002
V	DREW REYNOLDS	1601 CHESTNUT ST -TWO LIBERTY	PHILADELPHIA PA 19192
AT	DREW REYNOLDS	1601 CHESTNUT ST -TWO LIBERTY	PHILADELPHIA PA 19192
AT	JUMANA SIDDIQUI	900 COTTAGE GROVE ROAD	BLOOMFIELD CT 06002
CFO	DAVID SWANSON	900 COTTAGE GROVE ROAD	BLOOMFIELD CT 06002
CA	DAVID SWANSON	900 COTTAGE GROVE ROAD	BLOOMFIELD CT 06002
AV	KATHLEEN TIMM	900 COTTAGE GROVE ROAD	BLOOMFIELD CT 06002
AS	HEATHER WEGRZYNIAK	900 COTTAGE GROVE ROAD	BLOOMFIELD CT 06002

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 11/21/2022

Acc#I20160000072

Name:	Central Reserve Life Insurance Company
Document #:	
Order #:	14643847

Certified Copy of Arts & Amend:	☐			
Plain Copy:	☐			
Certificate of Good Standing:	☐			
Certified Copy of	☐			
Apostille/Notarial Certification:	☐		Country of Destination:	
			Number of Certs:	

Filing: ☑	Certified:	☐
	Plain:	☑
	COGS:	☐

Availability _____

Document ___

Examiner _____

Updater _____

Verifier _____

W.P. Verifier _____

Ref# _____

Amount: $ 2700.00

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2022 NOV 21 AM 11:27
TALLAHASSEE, FLORIDA

Thank you!