

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10 of 3

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

04 NOV -2 PM 1:39

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 850956

1. Corporation Name Investors Partner Life Insurance Company

2. Principal Office Address 2711 Centerville Road

3. Mailing Office Address P.O. Box 717

Suite, Apt. #, etc. Suite 400

Suite, Apt. #, etc.

City & State Wilmington, DE

City & State Boston, MA

Zip Country 19808

Zip Country 02117

REINSTATEMENT 01

4. Date Incorporated or Qualified To Do Business In Florida 11-09-1981

5. FEI Number 13-3072894

Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] SB /S Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable) 200042395112 11/02/04--01027--008 \*\*758.7

Suite, Apt. #, Etc.

City Tallahassee

State Zip Code FL 32301

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent ROBERT BRANCH, Asst. V.P. Date 10/28/2004 REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Title, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include Michele G. Van Leer, Ronald Bocage, Peter Copestake, Peter Scavongelli, Daniel L. Ouellette, Robert R. Reitano.

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: Rosalie M. Calabraro Rosalie M. Calabraro 10-29-04 (617) 572-5351 Date Daytime Phone #

CR25001 (01/04)

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**INVESTORS PARTNER LIFE INSURANCE COMPANY**

**OFFICERS AND DIRECTORS**

**Officer and Director**

Colm D. Mullarkey  
P. O. Box 111  
Boston, MA 02117

**Officer**

Rosalie M. Calabraro  
P. O. Box 111  
Boston, MA 02117

**Officer**

Paul F. Haahesy  
P. O. Box 111  
Boston, MA 02117

**Officer**

Scott S. Hartz  
P. O. Box 111  
Boston, MA 02117

**Officer**

E. Kendall Hines, Jr.  
P. O. Box 111  
Boston, MA 02117

**Officer**

C. Bruce Metzler  
P.O. Box 111  
Boston, MA 02117

**Officer**

Phillip J. Peters  
P.O. Box 111  
Boston, MA 02117

**Officer**

Steven Mark Ray  
P.O. Box 111  
Boston, MA 02117

**Officer**

Stephen J. Blewitt  
P. O. Box 111  
Boston, MA 02117

**Officer**

George H. Braun  
P. O. Box 111  
Boston, MA 02117

**Officer**

Willma H. Davis  
P. O. Box 111  
Boston, MA 02117

**Officer**

David Henderson  
P.O. Box 111  
Boston, MA 02117

**Officer**

William McPadden  
P.O. Box 111  
Boston, MA 02117

**Officer**

Barry Nectow  
P.O. Box 111  
Boston, MA 02117

**Officer**

Antony P. Wood  
P.O. Box 111  
Boston, MA 02117

**Officer**

Patrick Gill  
P.O. Box 111  
Boston, MA 02117

**Officer**  
Klaus O. Shigley  
P.O. Box 111  
Boston, MA 02117

**Officer**  
Diane M. Crisileo  
P.O. Box 111  
Boston, MA 02117

**Officer**  
Peter S. Mitsopoulos  
P.O. Box 111  
Boston, MA 02117

**Officer**  
Kevin J. McWilliams  
P.O. Box 111  
Boston, MA 02117