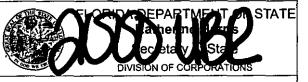
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR DEINCTATEMENT*



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F9600000271 DOCUMENT #

1. Corporation Name

UICI ADMINISTRATORS, INC.

Principal Place of Business

Mailing Address

5201 N O'CONNOR BLVD

5201 N O'CONNOR BLVD

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SECRETARY OF STATE TALLAHASSEE FLORIDA

STE 400 STE 400 IRVING TX 75039 IRVING 1			1							
		3. New Mail	failing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 01/17/1996				
Suite, Apt. #, etc.		Suite, Apt. #	.pt. #, etc.			5. FEI Number Applied				d-For
City & State C		City & State	City & State Zip Country			75-2401851		Not Applical	plicab	
Zip Country Zip		Zíp				CERTIFICATE OF STATUS DESIRED				
7. Names and Street	Addresses of Each Officer an	d/or Director (Fl	orida nonpro	fit corporations mu	st list at lea	ast 3 directors)				
Title(s) Name of Officers and/or Directors		Street Address of Each Officer and/or Director				City / State / Zip				
VALDES, DIANA M Sr. VP Operations / Director		5201 N O'CONNOR BLVD STE 400			100	IRVING TX 75039 NORTH RICHLAND HILLS TX 76180				
-V HAUPTMAN, MARK D										
	uniel H. Graf		5201	N O'Conr	nor Bl	lvd., Ste.40	Irving,	, Tx	75039)
Michele R. Gulley VP Client Transitions		ley	5201 N O'Connor Bld., Ste 40			•	J.			
						0	000034 -11/09/1 ****15	NN0	230- 10880 -****15	21
B N	ame and Address of Currer	ot Pagistered Ag	lent.		<u> </u>	Q. Name and A	ddress of New Regis	torad A	nent .	
	alle and Address of Conten	ır ızāðistorem va		Name		S. Hame and A	duless of New Regis	toren Vi	Jenit	
INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300			Street	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.						
			Suite,							
				City				State	Zip Code	
10. I, being appointed	the registered agent of the a	bove named corp	oration, am	familiar with and a	cept the o	bligations of Section	on 607.0505, F.S.			
Signature of Registered Agent	SIGNA	TO THE REGISTERED AC			ED)		Date			 .
11. I certify that I am a	an officer or director or the rec	<u></u>			ication as p	provided for in cha	pter 607 or 617, F.S. I	further c	ertify that wher	· 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 is also as a section 119.07(3)(ii), F.S. The information is also as a section 119.07(3)(iii), F.S. The information is also as a section 119.07(3)(iii), F.S. The information is also as a section 119.07(3)(iii), F.S. The information is also as a section 119.07(3)(iii), F.S. The information is also as a section 119.07(3)(iii), F.S. The information is also as a section 119.07(3)(iii), F.S. The information is a section 119.07(3)(iii), F.S. The information 119.07(3)(iiii), F.S. The information 119.07(3)(iiii), F on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR





5201 N. O'Connor Blvd. Suite 400 Irving, TX 75039-3712 972/443-2500

October 19, 2000

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Application for Reinstatement of UICI Administrators, Inc.

Dear Sir/Madam,

Enclosed please find a completed Application for Reinstatement for UICI Administrators, Inc. along with check number 013952 in the amount of \$158.75. This fee covers the \$150.00 filing fee plus an additional \$8.75 to request a Certificate of Status.

Die A. J. 1468

Based on my conversation with your representative (Stacy Prather) this morning, there were two notices mailed to us this year notifying us to file the 2000 Annual Report. Unfortunately, we never received the notices. In light of this, Stacy instructed me to complete the reinstatement form and submit the original fee that would have been required had we filed before the deadline (\$150.00). Now that I am aware of this filing requirement, I can assure you that we will comply in the future.

I am requesting that all future correspondence be sent to the following:

ATTN: Brenda L. Grant
Contracts and Compliance Manager
UICI Administrators, Inc.
5201 N O'Connor Blvd., Suite 400
Irving, Texas 75039

If there is anything further needed to reinstate UICI Administrators, Inc., please let me know. I can be reached at 972-443-2587 or you may send email to bgrant@uicia.com.

Respectfully,

Brenda L. Grant Charles and Francisco and Programme Report of the Company of the

Contracts and Compliance Manager of the state of the stat

Diana Valdez