

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10x2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 25 PM 4:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F96000000271

1. Corporation Name

UICI ADMINISTRATORS, INC.

Principal Place of Business

Mailing Address

5201 N O'CONNOR BLVD
STE 400
IRVING TX 75039

5201 N O'CONNOR BLVD
STE 400
IRVING TX 75039

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/17/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

75-2401851

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<input checked="" type="checkbox"/> Sr. VP Operations / Director	VALDES, DIANA M	5201 N O'CONNOR BLVD STE 400	IRVING TX 75039
<input checked="" type="checkbox"/> HAUPTMAN, MARK D	HAUPTMAN, MARK D	8151 N GROPOVINE HWY	NORTH RICHLAND HILLS TX 76180
<input checked="" type="checkbox"/> Director / President	Daniel H. Graf	5201 N O'Connor Blvd, Ste. 400	Irving, TX 75039
<input checked="" type="checkbox"/> VP Client Transitions	Michele R. Gulley	5201 N O'Connor Blvd, Ste 400	Irving, TX 75039
			000003459230--3 -11/09/00--01088--021 ****158.75 ****158.75

8. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

9. Name and Address of New Registered Agent

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 furnished on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

KE

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/00

Date

(972) 443-255

Daytime Phone #



2 of 2

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.

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,

A handwritten signature in cursive script that reads "Brenda L. Grant".

Brenda L. Grant
Contracts and Compliance Manager
Cc: Daniel Graf
Michele Gulley
Diana Valdez