

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P04939**

1. Corporation Name

**American Retirement Life Insurance Company**

2. Principal Office Address - No P.O. Box #  
**250 E. Fifth Street**

Suite, Apt. #, etc.

City & State  
**Cincinnati, OH**

Zip  
**45202**

Country  
**USA**

3. Mailing Office Address  
**5508 Parkcrest Drive**

Suite, Apt. #, etc.

City & State  
**Austin**

Zip  
**78731**

Country  
**USA**

**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.

City  
**Tallahassee**

State  
**FL**

Zip Code  
**32399**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0401, F.S.  
Signature of Registered Agent \_\_\_\_\_ Date **04/23/07**

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
D	Charles R Scheper	250 East Fifth Street	Cincinnati, OH 45202
D	Stephen C Linder	250 East Fifth Street	Cincinnati, OH 45202
P	Billy B Hill, Jr.	5508 Parkcrest Drive	Austin, TX 78731
T	Byron K. Buescher	5508 Parkcrest Drive	Austin, TX 78731
D	Mark F. Muething	250 East Fifth Street	Cincinnati, OH 45202
D	Christopher P Miliano	250 East Fifth Street	Cincinnati, OH 45202

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:

*Byron K. Buescher*

Byron K. Buescher

3/26/07

512-451-2224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

2007 APR 16 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

CR2E081 (1/07)