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Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

CORPORATION REINSTATEMENT
SCOR GLOBAL LIFE RE INSURANCE COMPANY OF TEXAS

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,050.00

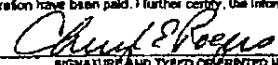
Electronic Filing Menu

Corporate Filing Menu

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P06132					
1. Corporation Name SCOR Global Life Re Insurance Company of Texas					
2. Principal Office Address - No P.O. Box # One Seaport Plaza		3. Mailing Office Address same			
Suite Apt. #, etc. 199 Water St, 21st floor		Suite Apt. #, etc.			
City & State New York, NY		City & State			
Zip 10038	Country USA	Zip	Country		
7. Name and Address of Current Registered Agent Chief Financial Officer 200 E. Gaines Street Suite Apt. # Etc.		4. Date Incorporated or Qualified To Do Business in Florida 4/7/1977			
City Tallahassee		State FL	Zip Code 32399		
5. FEI Number 62-1003368					
6. CERTIFICATE OF STATUS DESIRED ☒ Admission for Foreign Corporation to Do Business in Florida					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503 F.S.					
Signature of Registered Agent _____ Date _____					
REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
P D	Michael W. Pado	One Seaport Plaza 199 Water St., 21st floor		New York, NY 10038	
Treas	Cheryl E. Rogers	One Seaport Plaza 199 Water St., 21st floor		New York, NY 10038	
Sec	Maxine H. Verne	One Seaport Plaza, 199 Water St. 21st floor		New York, NY 10038	
DSVP	Mark Kociancic	One Seaport Plaza, 199 Water St., 21st floor		New York, NY 10038	
VP	Jack Clabough	One Seaport Plaza 199 Water St., 21st floor		New York, NY 10038	
VP	Franklin Clapper, Jr.	One Seaport Plaza 199 Water St., 21st floor		New York, NY 10038	
10. E-mail Address: crogers@scor.com					
(To be used for future annual report notification)					
11. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817 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 807.0401 or 817.0401, F.S., 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.					
SIGNATURE: 		Date: 6/18/10		Day/Even Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

FILED

10 JUN 22 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E061 (6/10)