

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07438

1. Corporation Name

MEDICAL LIFE INSURANCE COMPANY

Principal Place of Business

1220 HURON ROAD
CLEVELAND OH 44115

Mailing Address

1220 HURON ROAD
CLEVELAND OH 44115

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/17/1985

5. FEI Number

34-1174729

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	GUENTHER, GERALD A.	1220 HURON ROAD	CLEVELAND OH
S	MULVILLE, MAUREEN T.	112 S. PARKSIDE	GLEN ELYN IL 60137
CD	NEWSOM, LARRY J.	414 LAUDER LANE	INVERNESS IL 60067
VT	MALLEN, GERARD T	300 E RANDOLPH ST	CHICAGO IL 60601
VD	SEVOLD, MARCIA C	300 E RANDOLPH ST	CHICAGO IL 60601
ATD	LYNCH, MICHAEL J	1220 HURON RD	CLEVELAND OH 44115

8. Name and Address of Current Registered Agent

FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

500003487795--6

-12/05/00 State of FL Code 013

****758 FL ****758 75

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

Date

REGISTERED AGENT MUST SIGN

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 indicated 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

October 27, 2000

Date

312-653-6054

Daytime Phone #



REINSTATEMENT

2000

FILED
00 NOV 28 PM 2:20
SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E040 (8/00)