

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 17 AM 8:51

DOCUMENT # P11582

1. Corporation Name

MERRILL LYNCH LIFE INSURANCE COMPANY

Principal Place of Business

800 SCUDDERS MILL RD
PLAINSBORO NJ 08536

Mailing Address

800 SCUDDERS MILL RD
PLAINSBORO NJ 08536



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

2. New Principal Office Address, If Applicable

7 Roszel Rd.
Suite, Apt. #, etc.
3rd Floor

City & State

Princeton, NJ

Zip 08540-6205

Country USA

3. New Mailing Office Address, If Applicable

7 Roszel Rd.
Suite, Apt. #, etc.
3rd Floor

City & State

Princeton, NJ

Zip 08540-6205

Country USA

4. Date Incorporated or Qualified To Do Business in Florida

09/26/1986

5. FEI Number

91-1325756

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)	2	3	4
	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
DV	DUNFORD, DAVID M. GRADY, CHRISTOPHER J.	800 SCUDDERS MILL RD 7 ROSZEL RD., 3RD	PLAINSBORO NJ PRINCETON NJ 08540
PD	VEOPA, ANTHONY J. KARDASSIS, NIKOS K.	800 SCUDDERS MILL RD 7 ROSZEL RD.	PLAINSBORO NJ PRINCETON NJ 08540
DV	SKOLNICK, BARRY	800 SCUDDERS MILL RD 7 ROSZEL RD.	PLAINSBORO NJ PRINCETON NJ 08540
DVT	GRADY, JOSEPH E., JR. RIDER, MATTHEW J.	800 SCUDDERS MILL RD 7 ROSZEL RD.	PLAINSBORO NJ PRINCETON NJ 08540
V	STEVENSON, DONALD G. JUSTICE, III; JOSEPH E.	800 SCUDDERS MILL RD 7 ROSZEL RD.	PLAINSBORO NJ PRINCETON NJ 08540
S, V	SALVO, LORI M.	7 ROSZEL RD.	PRINCETON NJ 08540

8. Name and Address of Current Registered Agent

THE FLORIDA INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32399

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

REGISTERED AGENT OF THIS LICENSED INSURANCE COMPANY IS THE FLORIDA COMMISSIONER OF INSURANCE PURSUANT TO STATE LAW

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

Date

Daytime Phone #

CR2E040 (8/01)



Merrill Lynch Life Insurance Company

Administrative Offices
7 Roszell Road, 3rd Floor
Princeton, New Jersey 08540

Mailing address:
P.O. Box 9061
Princeton, New Jersey 08543-9061

January 11, 2002

Department of State
Division of Corporations
Attn: Sean Toner
409 East Gaines St.
Tallahassee, FL 32399

I am writing in regards to the Notice of Administrative Dissolution or Revocation that was recently received in the offices of the Merrill Lynch Life Insurance Company. Included in this notice was an application for reinstatement. I have completed this application with Merrill Lynch's updated information and included a check in the amount of \$300.00 in order to maintain Merrill Lynch's "active" status in your state. There is an additional fee that would be due because we failed to report our status as of September 21, 2001. However, I am requesting that this additional fee be waived since this was our first notice we received regarding this issue. Also, the business has changed addresses and the form was sent to the old address, causing a delay in our receipt of the notice. Should you have any questions regarding this matter please feel free to call me at 609-627-3862. Thank you for your time and cooperation.

Sincerely,

A handwritten signature in black ink, appearing to read "CL Black", written over the typed name.

Chris Black
Senior Specialist