

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **838529**

1. Corporation Name  
**AMERICAN FOUNDERS LIFE INSURANCE COMPANY**

Principal Place of Business  
**2720 E. CAMELBACK ROAD.  
P.O. BOX 52121  
PHOENIX AZ 85016**

Mailing Address  
**2720 E. CAMELBACK ROAD.  
P.O. BOX 52121  
PHOENIX AZ 85016**



**FILED**  
97 NOV 19 PM 2:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

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 <b>06/02/1977</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>74-1915841</b>	
City & State		City & State		Applied For	
Zip		Zip		Not Applicable	
Country		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>	

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<b>S/T</b>	<b>THOREN, DENISE L.</b>	<b>2720 E. CAMELBACK RD.</b>	<b>PHOENIX AZ</b>
<b>EVPD</b>	<b>MILLER, DUANE T</b>	<b>2720 E. CAMELBACK RD.</b>	<b>PHOENIX AZ 85016</b>
<del>V</del>	<del>BERNETT, JUDY R</del>	<del>2720 E. CAMELBACK RD</del>	<del>PHOENIX AZ</del>
<b>PD</b>	<b>SCHRECK, WAYNE, A</b>	<b>2720 E. CAMELBACK RD.</b>	<b>PHOENIX AZ</b>
<del>T</del>	<del>PHILLIPS, VICKI A</del>	<del>2720 E. CAMELBACK RD</del>	<del>PHOENIX AZ</del>
<del>VPD</del>	<del>COHUMACHER, ROBERT C</del>	<del>7000 BELFORT PKWY #1000</del>	<del>JACKSONVILLE FL 32256</del>

8. Name and Address of Current Registered Agent

**STATE INSURANCE COMMISSIONER  
CAPITOL BUILDING  
TALLAHASSEE FL 32304**

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	<b>000002353550--3</b>
City	<b>-11/21/97--01004--009</b>
	<b>***750.00 State ***750.00</b>
	<b>FL</b>

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 \_\_\_\_\_ Date \_\_\_\_\_  
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No

(See other side for information on Intangible tax.)

12. 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: *Denise L. Thoren* **Denise L. Thoren**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11-12-97 Daytime Phone # 602-957-0778

CPRE040 (8/97)