


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2022 NOV 16 PM 12:07

<b>CORPORATION REINSTATEMENT</b>		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 800556</b> 1. Corporation Name  THE STANDARD FIRE INSURANCE COMPANY			
2. Principal Office Address - No P.O. Box # ONE TOWER SQUARE Suite, Apt. #, etc.		3. Mailing Office Address ONE TOWER SQUARE Suite, Apt. #, etc.	
City & State HARTFORD, CT		City & State HARTFORD, CT	
Zip 06183	Country USA	Zip 06183	
		Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 10/16/1913			
5. FEI Number 06-6033509		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <span style="float: right;">\$5.75 Additional Fee required for a Certificate of Status</span>			
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 607.0605 or 617.0503, F.S. Signature of Registered Agent <u>Not Required</u> Date _____ 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
	See Attached		
			NOV 16 2022 R. HUNT
10. E-mail Address: <u>klgilber@travelers.com and cphilope@travelers.com</u> (To be used for future annual report notification)			
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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.			
SIGNATURE: <u>Wendy C. Skjerven</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>11-16-22</u> Daytime Phone # <u>651-310-7911</u>	

The Standard Fire Insurance Company

Role	Name	Title	Address
	Frey, Daniel S.	Director	One Tower Square, Hartford, CT 06183
	Heyman, William Herbert	Director	485 Lexington Avenue, New York, NY 10017
	Kalla, Christine K.	Director	385 Washington Street, St. Paul, MN 55102
	Russell, Douglas K.	Treasurer	One Tower Square, Hartford, CT 06186
//P	Seminara, Nicholas	Director and President	One Tower Square, Hartford, CT 06187
	Skjerven, Wendy C.	Corporate Secretary	385 Washington Street, St. Paul, MN 55102
	Toczydlowski, Gregory C.	Director	One Tower Square, Hartford, CT 06189

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 080621 4328999  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 750.00

ORDER DATE : October 26, 2022  
ORDER TIME : 12:40 PM  
ORDER NO. : 080621-050  
CUSTOMER NO: 4328999

REINSTATEMENT

NAME: THE STANDARD FIRE INSURANCE  
COMPANY

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS \_\_\_\_\_

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R. HUNT