

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED  
SECRETARY OF STATE  
CORPORATIONS

2022 NOV 16 PM 12:07

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** 805276  
1. Corporation Name  
  
THE CHARTER OAK 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  
10/26/1940

5. FEI Number  
06-0291290  Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

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 607.0505 or 617.0503, F.S.

Signature of Registered Agent \_\_\_\_\_ Not Required \_\_\_\_\_ 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)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See Attached		

10. E-mail Address: kigilber@travelers.com and cphilope@travelers.com  
(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:** Wendy C. Skjerven Wendy C. Skjerven 11-16-22 651-310-7911  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

REINSTATEMENT

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R. HUNT

The Charter Oak Fire Insurance Company

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

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R. HUNT

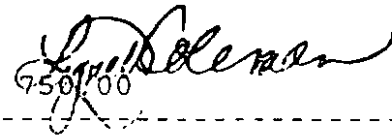
CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 080621 4328999

AUTHORIZATION :

COST LIMIT : \$ 750,000



ORDER DATE : October 26, 2022

ORDER TIME : 12:39 PM

ORDER NO. : 080621-040

CUSTOMER NO: 4328999

REINSTATEMENT

NAME: THE CHARTER OAK 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

NOV 16 2022

R. HUNT

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

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