

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
2014 FEB 26 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 812231

1. Corporation Name

Jefferson Insurance Company

2. Principal Office Address - No P.O. Box #

9950 Mayland Drive

Suite, Apt. #, etc.

City & State

Richmond, VA

Zip

23233

Country

U.S.

3. Mailing Office Address

9950 Mayland Drive

Suite, Apt. #, etc.

City & State

Richmond, VA

Zip

23233

Country

U.S.

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

09/23/1957

5. FEI Number

13-5556470

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc

City

Tallahassee

State

FL

Zip Code

32301

**REINSTATEMENT**

2002 / 2014

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02/26/14--01030--022 \*\*2550.00

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

*Michael Nelson*  
REGISTERED AGENT MUST SIGN

Date

2/5/14

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
P/D	Michael Nelson	9950 Mayland Drive	Richmond, VA 23233
V/T/D	Daniel Wichels	9950 Mayland Drive	Richmond, VA 23233
S/D	Frederick Faett	9950 Mayland Drive	Richmond, VA 23233
V	Laura White	9950 Mayland Drive	Richmond, VA 23233
C/D	Remi Grenier	37 rue Taitbout	Paris, France 75009
D	Pam Dufour	9950 Mayland Drive	Richmond, VA 23233

10. E-mail Address: mike.confer@allianzassistance.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:

*Frederick M. Faett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/7/14

Daytime Phone #

804-675-1533  
**EXAMINER**

ATTACHMENT TO CORPORATION REINSTATEMENT FORM

JEFFERSON INSURANCE COMPANY

DOCUMENT # 812231

Titles	Name of Directors	Street Address of Each Director	City / State / Zip
D	Laurence Maurice	37 rue Taitbout	Paris, France 75009
D	Norbert Lommer	Coso Italia, 23	Milano, Italy 20122
D	Peter Lefkin	1101 Connecticut Ave., NW	Washington, DC 20036
D	Art Moosmann	1 Chase Manhattan Plaza, 37 <sup>th</sup> Flr.	New York, NY 10005
D	Carsten Scheffel	60 Gracechurch Street	London EC3V 0HR United Kingdom

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