PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. P81983

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL -3 AM 10:51

DOCUMENT # 840587

1. Corporation Name

Valiant Insurance Company

2. Principal Office Address	**3.** Mailing Office Address c/o MINTON
Suite, Apt. #, etc.	Suite, Apt. #, etc. 1400 American Lane
City & State Des Moines, IA	City & State Schaumburg, IL
Zip 50265 Country USA	Zip 60196 Country USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified To Do Business in Florida SP

5. FEI Number 52-0976199 ☐ 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: Florida Insurance Commissioner

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

800004478338--1
-07/17/01--01002--013
****900.00 *** 900.00

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

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: See attached sheet Date: _____
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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 list		

10. 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: _____ DAVID A. BOWERS 6-22-01 847.605.6120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

VALIANT INSURANCE COMPANY

DIRECTORS

NAME	ADDRESS
Constantine P. Iordanour	1400 American Lane, Schaumburg, Illinois 60196
David A. Bowers	1400 American Lane, Schaumburg, Illinois 60196
Thomas Buess	1400 American Lane, Schaumburg, Illinois 60196
John D. Cole	1400 American Lane, Schaumburg, Illinois 60196
Wayne H. Fisher	1400 American Lane, Schaumburg, Illinois 60196
Robert M. Fishman	1400 American Lane, Schaumburg, Illinois 60196
Thomas H. Hite	1400 American Lane, Schaumburg, Illinois 60196
Donald J. Hurzeler	1400 American Lane, Schaumburg, Illinois 60196
John A. Kelm	1400 American Lane, Schaumburg, Illinois 60196
Frank A. Patalano	1400 American Lane, Schaumburg, Illinois 60196
John J. Amore	One Liberty Plaza, 165 Broadway, New York, New York 10006
James W. March	One Liberty Plaza, 165 Broadway, New York, New York 10006
Juliet G. Nash	One Liberty Plaza, 165 Broadway, New York, New York 10006
Kenneth Sroka	One Liberty Plaza, 165 Broadway, New York, New York 10006

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FAX

Date 06/20/01

Number of pages including cover sheet 1

TO: KAREN BEYER
Division of Corporations
Sec. of State

Phone 487-6935
Fax Phone 487-6013

FROM: Pam Edenfield
Department of Insurance
PO BOX 6200
TALLAHASSEE, FL
32314-6200

Phone (850) 413-4102
Fax Phone (850) 922-2544

CC: MARY MINTON
ZURICH NORTH AMERICA

REMARKS: ☒ Urgent ☐ For your review ☐ Reply ASAP ☐ Please Comment

KAREN,

RE: **MARYLAND CASUALTY COMPANY FEIN: 52-0403120**
VALIANT INSURANCE COMPANY FEIN: 52-0976199
NORTHERN INSURANCE COMPANY OF NEW YORK FEIN: 13-5283360

THE COMPANY SHOWN ON THE ATTACHED PRINTOUT IS REQUIRED BY Ch. 48.151 and 624.422, FLORIDA STATUTES TO DESIGNATE THE INSURANCE COMMISSIONER AS THEIR REGISTERED AGENT,, BUT HAS ALLOWED THEIR STATUS TO BECOME INACTIVE DUE TO FAILURE TO FILE ANNUAL STATEMENT. **PLEASE ALLOW THEM TO DESIGNATE THE INSURANCE COMMISSIONER AS REGISTERED AGENT WHEN FILING THEIR REINSTATEMENT.**

I AM FORWARDING A COPY OF THIS FAX TO THEIR OFFICE TO BE ATTACHED TO THEIR REINSTATEMENT APPLICATION AS OUR APPROVAL AND ACCEPTANCE OF DESIGNATION.

THANKS FOR YOUR HELP!