Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT

FIDELITY EMPLOYER INSURANCE SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,200.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

08-11

CR2E061 (11/10)

DOCUMENT # F01000003105

1. Corporation Name

FIDELITY EMPLOYER INSURANCE SERVICES, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
82 Devonshire Street		82 Devonshire Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
F7B		F7B	
City & State		City & State	
Boston, MA		Boston, MA	
Zip	Country	Zip	Country
02109	USA	02109	USA

4. Date Incorporated or Qualified To Do Business in Florida 06/12/2001

5. FEI Number 020526378 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

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: Kristen Betzger, Assistant Secretary — Date: 5/3/11

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
P/D	Bradford Kimler	82 Devonshire Street	Boston, MA 02109
D	John F. Haley, Jr.	82 Devonshire Street	Boston, MA 02109
T	Thomas McGillicuddy	82 Devonshire Street	Boston, MA 02109
AT	J. Gregory Wass	82 Devonshire Street	Boston, MA 02109
AS	Peter D. Stahl	82 Devonshire Street	Boston, MA 02109
		82 Devonshire Street	Boston, MA 02109

10. E-mail Address: nicole.meehan@fmr.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: Peter D. Stahl, Asst Secretary — 4/28/11 — 617-563-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLCIU - 01/19/2011 CT System Online