


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
 2008 FEB 28 PM 4:04
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # Fo 6000005789

1. Corporation Name
Artisan and Truckers Casualty Company

2. Principal Office Address - No P.O. Box # c/o CT Corporation System 8040 Excelsior Drive Suite, Apt. #, etc. Suite 200		3. Mailing Office Address 6300 Wilson Mills Road Suite, Apt. #, etc.	
City & State Madison, WI		City & State Mayfield Village, OH	
Zip 53717	Country USA	Zip 44143	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 8/30/06

5. FEI Number 59-3213819 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$6.75 Additional Fee required for a Certificate of Status**

CR2E081 (1/07)

7. Name and Address of Current Registered Agent

Name
CT 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

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

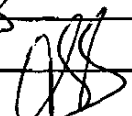
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Diane Stout **Diane Stout, Asst. Secretary** Date 2-28-08

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		

REINSTATEMENT
 07-08


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 contained in Chapter 118, 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: Margaret A. Rose **Margaret A. Rose Assistant Secretary** 265/08 440-4605000

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

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TALLAHASSEE, FLORIDA

**FLORIDA DEPARTMENT OF STATE
CORPORATION REINSTATEMENT
ATTACHMENT TO BLOCK 9 FILED
ON BEHALF OF
ARTISAN AND TRUCKERS CASUALTY COMPANY**

TITLE	NAME OF OFFICERS AND/OR DIRECTORS	STREET ADDRESS	CITY/STATE/ZIP
D/P	Karen L. Palmer	747 Alpha Drive	Highland Hts, OH 44143-2124
D	Michael J. Miller	747 Alpha Drive	Highland Hts, OH 44143-2124
D/T	Thomas A. King	6300 Wilson Mills Road	Mayfield Village, OH 44143
D	William R. Kampf	747 Alpha Drive	Highland Hts, OH 44143-2124
D/VP	Patricia O. Berner	747 Alpha Drive	Highland Hts, OH 44143-2124
S	Patricia M. Corwin	6300 Wilson Mills Road	Mayfield Village, OH 44143
Asst. S	Margaret A. Rose	6300 Wilson Mills Road	Mayfield Village, OH 44143
VP	Sandra L. Rihvalsky	6300 Wilson Mills Road	Mayfield Village, OH 44143
Asst. VP	Eric J. Steiner	6300 Wilson Mills Road	Mayfield Village, OH 44143

Florida Department of State
Division of Corporations
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TALLAHASSEE, FLORIDA

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CORPORATION REINSTATEMENT
ARTISAN AND TRUCKERS CASUALTY COMPANY

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