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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM! PH 2:37

STATE OF FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
MAY 4 PH 2:37
FILED

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002122

1. Corporation Name
Mid-American Fire & Casualty Company

2. Principal Office Address 6281 Tri-Ridge Blvd		3. Mailing Office Address 175 Berkeley Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Loveland, OH		City & State Boston, MA	
Zip 45140	Country USA	Zip 02116	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 05/01/1995

5. FEI Number 31-0978279 **Applied For** Not Applicable

6. CERTIFICATE OF STATUS DESIRED § 675. All Florida fees have been paid for a Florida Certificate of Status.

REINSTATEMENT 99-06
CR2E081 (12/05)

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

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0603, F.S.

Signature of Registered Agent Conne Bryson Date 5/4/06

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. 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 119, 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: Edmund C. Kenesly **Edmund C. Kenesly** Date 4/5/06 **617-357-9500**

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