PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
97 OCT 30 AM 9:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(1)

DOCUMENT # P06852 (8)

1. Corporation Name

ABEILLE GENERAL INSURANCE COMPANY

REINSTATEMENT

Mailing Address	Principal Place of Business
70 Pine Street 30th Floor New York, New York 10270	70 Pine Street New York, New York 10270

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE 95-99 AD

2. New Mailing Address, If Applicable		3. New Principal Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 7/25/1985

5. FEI Number 13-2755310 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED [X] — $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
C/D	Robert M. Sandler	70 Pine Street	New York, New York 10270
P/D	Thomas M. Flaherty	4501 North Point Parkway	Alpharetta, Georgia 30202
D	Edward E. Matthews	70 Pine Street	New York, New York 10270
D	Thomas R. Tizzio	70 Pine Street	New York, New York 10270
S	Elizabeth M. Tuck	70 Pine Street	New York, New York 10270
T	William N. Dooley	70 Pine Street	New York, New York 10270

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Insurance Commissioner Capitol Building Tallahassee, Florida 32301	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City — State FL — Zip Code

CR2E040 (6/94)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 900002333475--3

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No [X] (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: Elizabeth M. Tuck — Elizabeth M. Tuck — 10/13/97 — (212) 770-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(2)

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 566752 4320171

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 1088.75

ORDER DATE : October 15, 1997

ORDER TIME : 5:21 PM

ORDER NO. : 566752-005

CUSTOMER NO: 4320171

CUSTOMER: Ms. Bernadette Colon
AMERICAN INTERNATIONAL GROUP, INC.
70 Pine Street
30th Floor
New York, NY 10270

DOMESTIC FILING

NAME: ABEILLE GENERAL INSURANCE COMPANY

EFFECTIVE DATE:

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Warren Whittaker

EXAMINER'S INITIALS: _____