PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

1. Corporation Name

F04000000533

Assurant, Inc. -F04000000533 900103**040629** 05/22/07--01052--025 **1058.75 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address REINSTATEMENT, 05-07 One Chase Manhattan Plaza One Chase Manhattan Plaza Suite, Apt. #, etc. Suite, Apt. #, etc. 41st Floor 41st Floor Date Incorporated or Qualified 1/29/2004 To Do Business in Florida City & State City & State New York, New York Applied For New York, New York Not Applicable Country USA ^{Zip} 10005 Country ^{Zip} 10005 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status 7. Name and Address of Current Registered Agent ი საქალის Company The reinstatement fee is imposed, except in circumstances which the entity did not receive Street Address (P.O. Box Number is Not Acceptable) the prior notices. By checking this box, you are certifying the prior notices were not Suite, Apt. #, Etc. received and requesting the reinstatement fee be waived. Tallahassee 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 4-a5-01 Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Titles Officers and/or Directors Officer and/or Director P/D Robert B. Pollock One Chase Manhattan Plaza, 41st Floor New York, NY 10005 CFO P. Bruce Camacho One Chase Manhattan Plaza, 41st Floor New York, NY 10005 **EVP** Jerome Atkinson New York, NY 10005 One Chase Manhattan Plaza, 41st Floor **EVP** Lesley Silvester One Chase Manhattan Plaza, 41st Floor New York, NY 10005 S Katherine Greenzang One Chase Manhattan Plaza, 41st Floor New York, NY 10005 Miles B. Yakre New York, NY 10005 One Chase Manhattan Plaza, 41st Floor 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 accurrate, and my signature shall have the same legal effect as if made under oath. KATHERINE GREENXA/128/07 212 959- 7000