FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H06000075418-3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 MAR 21 PM 5:16

DOCUMENT # 800055

1. Corporation Name
THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

REINSTATEMENT 05-06

CR2E081 (8/05)

2. Principal Office Address	3. Mailing Office Address
70 PINE STREET	70 PINE STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	30TH FLOOR
City & State	City & State
NEW YORK, NY	NEW YORK, NY
Zip / Country	Zip / Country
10270 / USA	10270 / USA

4. Date Incorporated or Qualified To Do Business in Florida 6/22/1908

5. FEI Number
13-5540698
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Insurance Commissioner of Florida

Street Address (P.O. Box Number is Not Acceptable)
The Capital

Suite, Apt. #, Etc.

City: Tallahassee | State: FL | Zip Code: 32301

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: Insurance Commissioner of Florida
REGISTERED AGENT MUST SIGN

Date: 03/21/2006

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
CM/P/D	Kristian P. Moor	175 Water Street	New York, NY 10038
S	Elizabeth M. Tuck	70 Pine Street	New York, NY 10270
D/SVP	Charles Dangelo	110 William Street	New York, NY 10038
D/SVP	Robert S. H. Schimek	175 Water Street	New York, NY 10038
D/VP	Wm J. Neuger	70 Pine Street	New York, NY 10270
VP	Charles R. Schader	175 Water Street	New York, NY 10038

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 under section 119.07(3)(i), 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: Elizabeth M. Tuck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Elizabeth M. Tuck, Secretary

March 21, 2006 (212)770-7000
Date Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

THE INSURANCE COMPANY OF THE STATE OF PENNSYLVANIA

Certificate of Status	0
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