

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PS193
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 JUL -3 AM 10:56

DOCUMENT # 800526

1. Corporation Name

Northern Insurance Company
of New York

2. Principal Office Address

The Liberty Plaza
165 Broadway
Suite, Apt. #, etc.

City & State

New York, NY

Zip

10006

Country

USA

3. Mailing Office Address 40 MINTON

1400 American Lane
Suite, Apt. #, etc.

Corporate Law

City & State

Schaumburg, IL

Zip

60196

Country

USA

REINSTATEMENT 00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

SP

5. FEI Number

13-5283360

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

Florida Insurance Commissioner

300004478343-6

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

Capitol Building

-07/17/01-01002-014

****900.00 ****900.00

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

See attached sheet

Date

REGISTERED AGENT MUST SIGN

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
	See attached list		

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:

David A. Bowers

DAVID A. BOWERS

6-22-01

847.605.6120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

pg 2 of 3

NORTHERN INSURANCE COMPANY OF NEW YORK

DIRECTORS

<u>NAME</u>	<u>ADDRESS</u>
Constantine P. Iordanour	1400 American Lane, Schaumburg, Illinois 60196
David A. Bowers	1400 American Lane, Schaumburg, Illinois 60196
Thomas Buess	1400 American Lane, Schaumburg, Illinois 60196
John D. Cole	1400 American Lane, Schaumburg, Illinois 60196
Wayne H. Fisher	1400 American Lane, Schaumburg, Illinois 60196
Robert M. Fishman	1400 American Lane, Schaumburg, Illinois 60196
Thomas H. Hite	1400 American Lane, Schaumburg, Illinois 60196
Donald J. Hurzeler	1400 American Lane, Schaumburg, Illinois 60196
John A. Kelm	1400 American Lane, Schaumburg, Illinois 60196
Frank A. Patalano	1400 American Lane, Schaumburg, Illinois 60196
John J. Amore	One Liberty Plaza, 165 Broadway, New York, New York 10006
James W. March	One Liberty Plaza, 165 Broadway, New York, New York 10006
Juliet G. Nash	One Liberty Plaza, 165 Broadway, New York, New York 10006
Kenneth Sroka	One Liberty Plaza, 165 Broadway, New York, New York 10006

Pg 3 of 3

FAX**Date** 06/20/01**Number of pages including cover sheet** 1

TO: KAREN BEYER
Division of Corporations
Sec. of State

Phone 487-6935**Fax Phone** 487-6013

FROM: Pam Edenfield
Department of Insurance
PO BOX 6200
TALLAHASSEE, FL
32314-6200

Phone (850) 413-4102**Fax Phone** (850) 922-2544

CC: MARY MINTON
ZURICH NORTH
AMERICA

REMARKS: ☒ Urgent ☐ For your review ☐ Reply ASAP ☐ Please Comment

KAREN,

RE: MARYLAND CASUALTY COMPANY FEIN: 62-0403120

VALIANT INSURANCE COMPANY FEIN: 62-0976199

NORTHERN INSURANCE COMPANY OF NEW YORK FEIN: 13-5283360

THE COMPANY SHOWN ON THE ATTACHED PRINTOUT IS REQUIRED BY Ch. 48.151 and 624.422, FLORIDA STATUTES TO DESIGNATE THE INSURANCE COMMISSIONER AS THEIR REGISTERED AGENT,, BUT HAS ALLOWED THEIR STATUS TO BECOME INACTIVE DUE TO FAILURE TO FILE ANNUAL STATEMENT. PLEASE ALLOW THEM TO DESIGNATE THE INSURANCE COMMISSIONER AS REGISTERED AGENT WHEN FILING THEIR REINSTATEMENT.

I AM FORWARDING A COPY OF THIS FAX TO THEIR OFFICE TO BE ATTACHED TO THEIR REINSTATEMENT APPLICATION AS OUR APPROVAL AND ACCEPTANCE OF DESIGNATION.

THANKS FOR YOUR HELP!