H 05000281463 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 DEC -8 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 801165

REINSTATEMENT 91-05

T. Roberts DEC 08 2005

CR2E081 (8/05)

1. Corporation Name
AIU INSURANCE COMPANY

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

4. Date Incorporated or Qualified To Do Business In Florida July 3, 1919

5. FEI Number
13-5303710
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 (Additional fee required for a Certificate of Status)

7. Name and Address of Current Registered Agent

Name
THE PRENTICE-HALL CORPORATION SYSTEM, INC.

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

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 _____ Date 12/07/05

REGISTERED AGENT MUST SIGN DAVID W. NICKELSON, ASST VP

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
COB/P/D	Kristian P. Moor	175 Water Street	New York, NY 10038
VP/D	Win J. Neuger	70 Pine Street	New York, NY 10270
D	Ernest T. Patrikis	70 Pine Street	New York, NY 10270
SVP	Charles R. Schader	70 Pine Street	New York, NY 10270
SVP/T/D	Robert S. Schimek	175 Water Street	New York, NY 10038
S	Elizabeth M. Tuck	70 Pine Street	New York, NY 10270

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: _____ 12/07/05 (212)770-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Elizabeth M. Tuck — 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
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CORPORATION REINSTATEMENT

AIU INSURANCE COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$1,800.00