

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 801290 1. Corporation Name Federal Insurance Company			
2. Principal Office Address - No P.O. Box # 251 North Illinois Suite, Apt. #, etc. Suite 1100 City & State Indianapolis, IN Zip 46204 Country USA		3. Mailing Office Address 15 Mountain View Rd. Suite, Apt. #, etc. Att: Patricia Tomczyk City & State Warren, NJ Zip 07061 Country USA	
7. Name and Address of Current Registered Agent Name Chief Financial Officer Street Address (P.O. Box Number is Not Acceptable) 200 E. Gaines Street Suite, Apt. #, Etc. PO Box 6200 (32314-6200) City Tallahassee State FL Zip Code 32399-0000		4. Date Incorporated or Qualified To Do Business in Florida 05/27/1920 5. FEI Number 131963496 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED ☐ YES ☒ NO 6.75 Add'l. and Forfeiture for a Certificate of Status	
8. I, being appointed the registered agent of the above named corporation, am familiar with <u>Michael Mitchell</u> Assistant Secretary <u>12/16/12</u> Signature of Registered Agent <u>[Signature]</u> REGISTERED AGENT MICHAEL MITCHELL			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir	John Joseph Degnan	15 Mountain View Rd.	Warren, NJ 07059
CEO	John Daniel Finnegan	15 Mountain View Rd.	Warren, NJ 07059
VP/SEC	W. Andrew Mason	15 Mountain View Rd.	Warren, NJ 07059
Pres	Thomas F. Motamed	15 Mountain View Rd.	Warren, NJ 07059
VP/CEO	Michael O'Reilly	15 Mountain View Rd.	Warren, NJ 07059
SR VP	John Joseph Degnan	15 Mountain View Rd.	Warren, NJ 07059
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 118, 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>W. Andrew Mason</u> 10-12-07 (908)903-3841 Date Daytime Phone #	

REINSTATEMENT

CR2E081 (1/07)

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Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

FEDERAL INSURANCE COMPANY

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