

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 801299

Entity Name: FEDERAL INSURANCE COMPANY

FILED  
Oct 09, 2008  
Secretary of State

## Current Principal Place of Business:

251 NORTH ILLINIOS  
SUITE 1100  
INDIANAPOLIS, IN 46204

## New Principal Place of Business:

ONE INDIANA SQUARE, SUITE 1350  
211 NORTH PENNSYLVANIA ST.  
INDIANAPOLIS, IN 46204

## Current Mailing Address:

C/O PATRICIA TOMCZYK  
15 MOUNTAIN VIEW ROAD  
WARREN, NJ 070611615

## New Mailing Address:

FEI Number: 13-1963496      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NOT REQUIRED

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DEGNAN, JOHN J  
Address: 15 MOUNTAIN VIEW RD  
City-St-Zip: WARREN, NJ 07059

Title: CEO ( ) Delete  
Name: FINNEGAN, JOHN  
Address: 15 MOUNTAIN AVE  
City-St-Zip: WARREN, NJ 07059

Title: VPS ( ) Delete  
Name: MASON, W. ANDREW  
Address: 15 MOUNTAIN AVE  
City-St-Zip: WARREN, NJ 07059

Title: P ( ) Delete  
Name: MOTAMED, THOMAS F  
Address: 15 MOUNTAIN AVE  
City-St-Zip: WARREN, NJ 07059

Title: VPCE ( ) Delete  
Name: O'REILLY, MICHAEL  
Address: 15 MOUNTAIN AVE  
City-St-Zip: WARREN, NJ 07059

Title: SRVP ( ) Delete  
Name: DEGNAN, JOHN J  
Address: 15 MOUNTAIN AVE  
City-St-Zip: WARREN, NJ 07059

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD (X) Change ( ) Addition  
Name: DEGNAN, JOHN J  
Address: 15 MOUNTAIN VIEW RD  
City-St-Zip: WARREN, NJ 07059

Title: SVPD (X) Change ( ) Addition  
Name: KRUMP, PAUL  
Address: 15 MOUNTAIN AVE  
City-St-Zip: WARREN, NJ 07059

Title: VPS (X) Change ( ) Addition  
Name: MACAN, W. ANDREW  
Address: 15 MOUNTAIN AVE  
City-St-Zip: WARREN, NJ 07059

Title: SVPD (X) Change ( ) Addition  
Name: MORRISORN, HAROLD L JR.  
Address: 15 MOUNTAIN AVE  
City-St-Zip: WARREN, NJ 07059

Title: SVPD (X) Change ( ) Addition  
Name: ROBUSTO, DINO E  
Address: 15 MOUNTAIN AVE  
City-St-Zip: WARREN, NJ 07059

Title: SVPD (X) Change ( ) Addition  
Name: O'REILLY, MICHAEL  
Address: 15 MOUNTAIN AVE  
City-St-Zip: WARREN, NJ 07059

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA TOMCZYK

AS

10/09/2008

Electronic Signature of Signing Officer or Director

Date