



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 805067			
1. Corporation Name Seaboard Surety Company			
2. Principal Office Address 233 Broadway Suite, Apt. #, etc. Suite 2600 City & State New York, NY Zip 10279 Country USA		3. Mailing Office Address 5801 Smith Avenue Suite, Apt. #, etc. City & State Baltimore, MD Zip 21209 Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 6/10/1939		5. FEI Number 135379820 Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent Name Florida Insurance Commissioner Street Address (P.O. Box Number is Not Acceptable) State Capitol, Plaza Level 11 Suite, Apt. #, Etc. City Tallahassee State FL Zip Code 32399-0300			
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 _____ 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
Dep	Robert J. Lamendola	5801 Smith Avenue Baltimore, MD 21209	Baltimore, MD 21209
D/V	John F. Simanski	5801 Smith Avenue	Baltimore, MD 21209
V/T	Thomas E. Bergmann	385 Washington Street	St. Paul, MN 55102
S	Bruce A. Backberg	385 Washington Street	St. Paul, MN 55102
D/V	Frederick J. Gurba	5801 Smith Avenue	Baltimore, MD 21209
V	Thomas A. Bradley	385 Washington Street	St. Paul, MN 55102
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:  Bruce A. Backberg 11/29/01 651-310-7916 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT

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