

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 23 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 805810

1. Corporation Name

Associates Insurance Company

2. Principal Office Address

1720 Ruskin Street

Suite, Apt. #, etc.

City & State

South Bend, IN

Zip

46604

Country

USA

3. Mailing Office Address

One Tower Square

Suite, Apt. #, etc.

City & State

Hartford, CT

Zip

06183

Country

USA

REINSTATEMENT
02-04

4. Date Incorporated or Qualified
To Do Business in Florida

8/21/44

5. FEI Number

35-0293730

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Connie Bryan
REGISTERED AGENT MUST SIGN

Date

4/23/04

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 | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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:

Maryellen Brudhomme

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04

Date

(860) 277-0899

Daytime Phone #

CR2E081 (01/04)

6

2072

ASSOCIATES INSURANCE COMPANY
DOCUMENT #805801

9. Names and Street Addresses of Each Officer and/or Director (continued)

| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City/State/Zip |
|--------|-----------------------------------|--|------------------------|
| D/CFO | Jay S. Benet | One Tower Square | Hartford, CT 06183 |
| D/C | Charles J. Clarke | One Tower Square | Hartford, CT 06183 |
| D/P | Douglas G. Elliot | One Tower Square | Hartford, CT 06183 |
| D/V | Joseph P. Lacher, Jr. | One Tower Square | Hartford, CT 06183 |
| D/V | Brian W. MacLean | One Tower Square | Hartford, CT 06183 |
| D | Marjorie M. Selvaggio | 6081 East 82 nd Street | Indianapolis, IN 46250 |
| V | William H. Heyman | 385 Washington Street | St. Paul, MN 55102 |
| V | Peter N. Higgins | One Tower Square | Hartford, CT 06183 |
| V/GC | John A. MacColl | 5801 Smith Avenue | Baltimore, MD 21209 |
| V | Doreen Spadorcia | One Tower Square | Hartford, CT 06183 |
| CIO | William A. Bloom | One Tower Square | Hartford, CT 06183 |
| V | Diane D. Bengston | One Tower Square | Hartford, CT 06183 |
| V | Pauline C. Panik | One Tower Square | Hartford, CT 06183 |
| V/T | Douglas K. Russell | One Tower Square | Hartford, CT 06183 |
| V | George A. Ryan | One Tower Square | Hartford, CT 06183 |
| V | Susan Stonehill Claflin | One Tower Square | Hartford, CT 06183 |
| S | Maryellen Prudhomme | One Tower Square | Hartford, CT 06183 |