

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

01 OCT -5 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 807215

1. Corporation Name

Assurance Company of America

300004661243--5
-10/31/01--01059--002
*****300.00 *****300.00

2. Principal Office Address

One Liberty Place
165 Broadway

Suite, Apt. #, etc.

28th Floor

City & State

New York, NY

Zip

10006

Country

USA

3. Mailing Office Address

1400 American Lane

Suite, Apt. #, etc.

Corporate Law

City & State

Schaumburg, IL

Zip

60196

Country

USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

13-6081895

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Capitol Building

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

signature not required
See attached sheet

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
	See attached list		

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:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID A. BOWERS

Date

9-28-01 847.605.620

Daytime Phone #

CR2E081 (8/00)

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ASSURANCE COMPANY OF AMERICA

DIRECTORS

<u>NAME</u>	<u>ADDRESS</u>
John J. Amore	1400 American Lane, Schaumburg, Illinois
Constantine P. Iordanou	1400 American Lane, Schaumburg, Illinois
David A. Bowers	1400 American Lane, Schaumburg, Illinois
Thomas Buess	1400 American Lane, Schaumburg, Illinois
John D. Cole	1400 American Lane, Schaumburg, Illinois
Wayne H. Fisher	1400 American Lane, Schaumburg, Illinois
Robert M. Fishman	1400 American Lane, Schaumburg, Illinois
Thomas H. Hite	1400 American Lane, Schaumburg, Illinois
Donald J. Hurzeler	1400 American Lane, Schaumburg, Illinois
John A. Kelm	1400 American Lane, Schaumburg, Illinois
Frank A. Patalano	1400 American Lane, Schaumburg, Illinois
James W. March	One Liberty Plaza, 165 Broadway, New York, New York 10006
Juliet G. Nash	One Liberty Plaza, 165 Broadway, New York, New York 10006
Kenneth Sroka	One Liberty Plaza, 165 Broadway, New York, New York 10006