PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 14 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 809501

1. Corporation Name

Pacific Insurance Company

1979-2003

2. Principal Office Address	3. Mailing Office Address
333 S. Wabash	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Chicago, Illinois	City & State: Same
Zip: 60685 Country: US	Zip: Same Country: Same

4. Date Incorporated or Qualified To Do Business in Florida: 10/1/1953

5. FEI Number: 13-1941984

6. CERTIFICATE OF STATUS DESIRE

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 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: Beverlee Stuewe
Assistant Secretary
REGISTERED AGENT MUST SIGN

Date: 10/3/03

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 of Officers and Directors		

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 taxes 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: Jonathan D. Kantor 9/30/03 312-822-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2013

CONTINENTAL REINSURANCE CORPORATION

OFFICERS

Stephen W. Lilienthal	Chairman, Chief Executive Officer & President
Debra L. McClenahan	President & CEO, CNA Re
Robert L. McGinnis	President & CEO, CNA Life & Group Operations
James R. Lewis	President & CEO Property & Casualty Operations
Robert V. James	Executive Vice President, U.S. Insurance Operations
Thomas Pontarelli	Executive Vice President, Human Resources & Corp. Services
Robert V. Deutsch	Executive Vice President & Chief Financial Officer
Dean K. Harring	Executive Vice President, Claims
Jonathan D. Kantor	Executive Vice President, Secretary & General Counsel
Michael Fusco	Executive Vice President
Peter W. Wilson	Executive Vice President, Global Specialty Operations
John P. Golden	Executive Vice President, Chief Information Officer
Dennis Hemme	Vice President & Treasurer

DIRECTORS

Robert V. Deutsch
Jonathan D. Kantor
Stephen W. Lilienthal
Robert L. McGinnis
Thomas Pontarelli

ADDRESS FOR ALL OFFICERS AND DIRECTORS

333 S. Wabash
Chicago, IL 60685

Florida Department of State

Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

PACIFIC INSURANCE COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$3,196.25

Could I get a confirmation of the exact fee? My sheet (from website) shows the fee being $3,107.50.

Thx!
Ashley M.
222-1092
CT Corp.

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