## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI ISTATEM	-			A DEPAR Secretai	ry of			2014 FEB 26	ED PM 3: 25	
1.	UMENT ation Name	#	812231						TALLAHASSEE,	F STATE FLORIDA	
Jefferso	on Insuran	ce Co	mpany								
2. Principa	al Office Addres	ss - No	P.O. Box#	3. Mailing	ailing Office Address			1			
9950 Ma	ayland Drive	е		9950 Mayland Drive				1			
Suite, Apt.	#. etc.			Suite, Apt. #, etc.				CR2E081 (11/10)			
								To Do Bus	porated or Qualified iness in Flonda		
City & State				City & State				09/23/1957 5. FEI Numb		Applied For	
Richmon	nd, VA			Richmond, VA				13-555647		Not Applica	
<sup>Zip</sup> 23233			,	23233		U.	•	6. CERTIFICA	FE OF STATUS DESIRED	8.75 Additional Fee required for a Certificate of States	iire us
	·	7. Na	me and Address	of Current Regi	stered Age	nt		DI			
,	ation Servic		• •						EINSTAT	EMEN	
1201 Ha	ays Street	Numbe	r is Not Acceptabl	e)					,	,	
Suite, Apt.	#, E1C							0272	0025719; 6/14-01030-0	22 ***2550.00	)
City Tallahas	ssee			^		State FL	2ip Code 32301				
8. f, being Signature of Registered	of		reare	ove named cdrp	12/2	familia C SIGN	<i>ر</i> ور	obligations of sect	Date 2,5	s. IU	
Q Name		draceae					porations must list at le	east 3 directors)			
Titles	s and Street Ad		Name of s and/or Directors	<u> </u>	ionda nonpri	7:	Street Address of Each Officer and/or Director	h	City / St	ate / Zip	
P/D	Michael Nelson			***********	9950 Mayland Driv			ve	Richmond	, VA 23233	
V/T/D	Daniel Wichels				9950 Mayland Driv			ve	Richmond	, VA 23233	
S/D		Frederick Faett			9950 Mayland Drive			ve	Richmond	, VA 23233	
٧		Laura White			9950 Mayland Drive			Richmond	, VA 23233		
C/D		Remi Grenier			37 rue Taithout				Paris, Fran	ce 75009	
D	D Pam Dufour				9950 Mayland Drive			ve	Richmond	, VA 23233	
			e.confer@alli		(To		for future annual repor	-			-
reinstate owed by	ement application the corporation under oath I ar	on, the re i have b	eason for dissolution een paid it further	on has been elim certify, the inforr	ninated, the or mation indica a document M. Fact	corpora ited on to the	ite name satisfies the i this application is true	requirements of se and accurate, and	oter 607 or 617, F.S. I further certical of 607,0401 \$\frac{1}{2} \text{617} \text{eq.} \\ d my signature strait have the legree felony as provided for the felone of the felone o	ty that wee sing this  W. A. Dast all fees e same legal effect as r in s.847.155.F.S  W. A. Dayrime Prione w	3

EXAMINER

## \* ATTACHMENT TO CORPORATION REINSTATEMENT FORM JEFFERSON INSURANCE COMPANY DOCUMENT # 812231

Titles	Name of Directors	Street Address of Each Director	City / State / Zip
D	Laurence Maurice	37 rue Taitbout	Paris, France 75009
D	Norbert Lommer	Coso Italia, 23	Milano, Italy 20122
D	Peter Lefkin	1101 Connecticut Ave., NW	Washington, DC 20036
D	Art Moossmann	1 Chase Manhattan Plaza, 37 <sup>th</sup> Flr.	New York, NY 10005
D	Carsten Scheffel	60 Gracechurch Street	London EC3V 0HR United Kingdom

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