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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 OCT 22 PM 5:00

PLEASE READ ALL INSTRUCTIONS BEFORE CO

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 823161

B 10/23/07

REINSTATEMENT

CR2E081 (1/07)

1. Corporation Name

Great Northern Insurance Company

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
100 South 5th Street		15 Mountain View RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 1800		Att: Patricia Tomczyk	
City & State		City & State	
Minneapolis, MN		Warren, NJ	
Zip	Country	Zip	Country
55402	USA	07061	USA

4. Date Incorporated or Qualified To Do Business in Florida 09/03/1969

5. FEI Number 410729473 ☐ 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: Chief Financial Officer

Street Address (P.O. Box Number is Not Acceptable): 200 E. Gaines Street

Suite, Apt. #, Etc.: PO Box 6200 (32314-6200)

City: Tallahassee | State: FL | Zip Code: 32399-0000

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, 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
Dir	Michael O'Reilly	15 Mountain View Rd.	Warren, NJ 07059
VP/TRe	Douglas Alan Nordstrom	15 Mountain View Rd.	Warren, NJ 07059
VP/SEC	W. Andrew Macan	15 Mountain View Rd.	Warren, NJ 07059
Pres	Thomas F. Motamed	15 Mountain View Rd.	Warren, NJ 07059

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 contained in Chapter 119, 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: W. Andrew Macan — W. Andrew Macan — 10-17-07 — 908-903-3841

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

FL010 - 07/07 CT System Online

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CORPORATION REINSTATEMENT

GREAT NORTHERN INSURANCE COMPANY

Certificate of Status	0
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Page Count	02
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