

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

03 AUG 13 PM 4:24

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 826986

1. Corporation Name Western Diversified Casualty Insurance Company (f/k/a Commercial Mortgage Insurance, Inc.)

800022287188 08/13/03--01049--001 **1500.00

2. Principal Office Address c/o Arch Insurance Group Inc.

3. Mailing Office Address c/o Arch Insurance Group Inc.

Suite, Apt. #, etc. One Liberty Plaza, 53rd Floor

Suite, Apt. #, etc. One Liberty Plaza, 53rd Floor

City & State

City & State

New York, NY

New York, NY

Zip Country

Zip Country

10006 U.S.A.

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REINSTATEMENT

9803

4. Date Incorporated or Qualified To Do Business in Florida 11/5/71

5. FEI Number 391128299

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, State of Florida

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

Department of Financial Services

Suite, Apt. #, Etc.

The Capitol

City

Tallahassee

State

FL

Zip Code

32399-0810

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 Please see attached Schedule A REGISTERED AGENT MUST SIGN

Date 08/05/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Content: Please see attached Schedule A.

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/05/03 (212)328-4602

Date Daytime Phone #

CR2E081 (10/02)

BS

Schedule A

TITLE	NAME OF OFFICERS AND/OR DIRECTORS	STREET ADDRESS OF OFFICER AND/OR DIRECTOR
Director - President and Chief Executive Officer	Ralph E. Jones III	One Liberty Plaza, 53 rd Floor New York, NY 10006 ¹
Director	Paul B. Ingrey	"
Director	Thomas G. Kaiser	"
Director	David G. May	"
Director	Elaine A. Trischetta	"
Director - Senior Vice President, Secretary and General Counsel	Martin J. Nilsen	"
Executive Vice President and Chief Actuary	Mark D. Lyons	"
Senior Vice President and Chief Financial Officer	Fred S. Eichler	"
Vice President and Controller	Ramin Taraz	"

¹ All of the above named officers and/or directors share the same business address.

Schedule B

**EVIDENCE OF CHIEF FINANCIAL
OFFICER OF STATE OF FLORIDA CONSENTING TO
SERVE AS REGISTERED AGENT FOR WESTERN DIVERSIFIED CASUALTY INSURANCE
COMPANY**