

2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 848870

FILED
Sep 30, 2011
Secretary of State

Entity Name: ABILITY INSURANCE COMPANY

Current Principal Place of Business:

ONE CITY CENTER, FIFTH FLOOR
PORTLAND, ME 04101

New Principal Place of Business:

Current Mailing Address:

ONE CITY CENTER, FIFTH FLOOR
PORTLAND, ME 04101

New Mailing Address:

FEI Number: 47-0520541

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DONALD K. LAWLER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: YOSUA JR, F J
Address: 10 MCKENNEY POINT RD
City-St-Zip: CAPE ELIZABETH, ME 04107

Title: CEO
Name: CHARSKY, D M
Address: 46 FIELDSTONE FARM ROAD
City-St-Zip: SUDBURY, MA 01776

Title: VT
Name: CATHCART, D B
Address: 15 ARDSLEY
City-St-Zip: AVON, CT 06001

Title: VS
Name: ADELSON, M R
Address: 1072 BOSTON POST RD
City-St-Zip: RYE, NY 10580

Title: V
Name: DUQUETTE, R J
Address: 113 LANDFORD LANE
City-St-Zip: EAST HARTFORD, CT 06118

Title: D
Name: GRANT, JOHN P
Address: 656 N 57TH AVENUE
City-St-Zip: OMAHA, NE 68132

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DONALD K. LAWLER

SRVP

09/30/2011

Electronic Signature of Signing Officer or Director

Date