

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 AUG 25 PM 1:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F 00000002222

1. Corporation Name

Manufacturers Alliance Insurance Company

REINSTATEMENT 04-06

02/21/05 96088 003 # 550<sup>00</sup>  
CR2E081 (12/05)

2. Principal Office Address

380 Sentry Parkway  
Suite, Apt. #, etc.

3. Mailing Office Address

380 Sentry Parkway  
Suite, Apt. #, etc.

City & State

Blue Bell, PA

Zip Country  
19422 USA

City & State

Blue Bell, PA

Zip Country  
19422 USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/11/79

5. FEI Number

23-2086596

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

000079520130

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

P.O. Box 6200 32314-6200

09/06/06--01035--004 \*\*501.75

Suite, Apt. #, Etc.

200 E. Gaines St.

City

Tallahassee

State

FL

Zip Code

32399

8/25

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

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
Pres.	Vincent T. Donnelly	380 Sentry Parkway	Blue Bell, PA 19422
V.P.	Henry Schramm	"Same-As-Above"	"
Treas.	William Hitzelberger	"Same-As-Above"	"
V.P.	John Cochran	"Same-As-Above"	"
Sec.	Barbara Sutherland	"Same-As-Above"	"

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/06

Date

610-397-5000

Daytime Phone #