PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

* APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

F00000006457

1. Corporation Name

TRINITY UNIVERSAL INSURANCE COMPANY

Principal Place of Business

Mailing Address

10000 N. CENTRAL EXPRESSWAY DALLAS TX 75231

P.O. BOX 655028 DALLAS TX 75231

01 OCT 17 PM 12:46

REINSTATEMENT If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 11/20/2000 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 75-0620550 City & State City & State Not Applicable 6. \$8.75 Additional Fee required Country Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status 75265-5028 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each City / State / Zip Title(s) Officer and/or Director and/or Directors SOUTHWELL, DONALD G 10000 N. CENTRAL EXPRESSWAY DALLAS TX 75231 PCD DALLAG TX 75001 Buehler, Robert F 10000 N. CENTRAL EXPRESSWAY ₩ DALLAS TX 75231 ROBERTS, CLARK H 10000 N CENTRAL EXPRESSWAY T · DALLAS TX 75231 VSD FAGAN, JUDITH E 10000 N. CENTRAL EXPRESSWAY ٧ HALSEY, DENNIS O 10000 N. CENTRAL EXPRESSWAY DALLAS TX 75231 CHICAGO IL 60601 BENGSTON, DAVID F ONE EAST WACKER DRIVE D Ð BURKETT: JAMES W ONE-EAST WASKER DRIVE CHICAGO IL 6066 DALLAS TX 75231 ۷D SCHULTE, JAMES A 10000 N CENTRAL EXPRESSWAY

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent Name

Street Address (P.O. Box Number is Not Acceptable) 58404 10/30/01--01010--015 Suite, Apt. #, Etc.

****750.00

****750.00

City

State Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of

11. 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.

10/12/01 Date

(214) 360-8000

Daytime Phone #