


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 MAR 13 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

**Eckel** MAR 13 2007

CR2E081 (12/05)

05-07

**DOCUMENT # F02000000562**

**1. Corporation Name**  
Independence American Insurance Company

<b>2. Principal Office Address</b> 485 Madison Avenue	<b>3. Mailing Office Address</b> 485 Madison Avenue
Suite, Apt. #, etc. 14th Floor	Suite, Apt. #, etc. 14th Floor
City & State New York, New York	City & State New York, New York
Zip 10022	Country United States

**4. Date Incorporated or Qualified To Do Business in Florida** 2/1/02

**5. FEI Number** 74-1746542

**6. CERTIFICATE OF STATUS DESIRED**  \$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name: Corporation Service Company

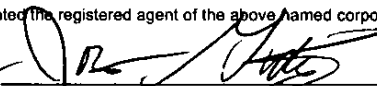
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee

State: FL Zip Code: 32301

**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.**

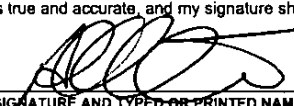
Signature of Registered Agent: 

REGISTERED AGENT MUST SIGN: 608092374256

**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
SEE ATTACHED LIST FOR OFFICERS AND ADDRESSES			

**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:  ADAM C. VANDERVOORT

Date: 3/4/07

Daytime Phone #: 210-355-4141

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Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director, Chief Executive Officer	Roy T.K. Thung	485 Madison Avenue	New York, NY 10022
Director, Chief Operating Officer and President	David T. Kettig	485 Madison Avenue	New York, NY 10022
Director, Vice President and Chief Financial Officer	Gary J. Balzofiore	485 Madison Avenue	New York, NY 10022
Vice President, General Counsel and Secretary	Adam C. Vandervoort	485 Madison Avenue	New York, NY 10022
Vice President	Teresa A. Herbert	485 Madison Avenue	New York, NY 10022
Vice President	Scott M. Wood	485 Madison Avenue	New York, NY 10022
Assistant Secretary	John C. Morris	485 Madison Avenue	New York, NY 10022
Assistant Secretary	Brian R. Schlier	485 Madison Avenue	New York, NY 10022
Controller	David B. Getz	485 Madison Avenue	New York, NY 10022



CORPORATION SERVICE COMPANY

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ACCOUNT NO. : 072100000032  
 REFERENCE : 796711 4327335  
 AUTHORIZATION : *[Signature]*  
 COST LIMIT : \$1050.00

ORDER DATE : March 9, 2007  
 ORDER TIME : 10:19 AM  
 ORDER NO. : 796711-005  
 CUSTOMER NO: 4327335

REINSTATEMENT

NAME: INDEPENDENCE AMERICAN  
INSURANCE COMPANY

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
 07 MAR 13 PM 12:49  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA