

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 10 AM 8:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F96000005638

1. Corporation Name

AMERICAN TRAVELERS ASSURANCE COMPANY

Principal Place of Business

20 Glover Avenue

Norwalk, CT 06850

Mailing Address

P.O. Box 5360

S Norwalk CT 06856

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.  
20 Glover Avenue

City & State  
Norwalk CT

Zip  
06850

Country  
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
P.O. Box 5360

City & State  
Norwalk CT

Zip  
06856

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/29/1996

5. FEI Number

42-1211565

Applied For

Not Applicable

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	<del>RAMBO, MELVIN</del> Gregory R. Morris	5700 WESTOWN PKWY 20 Glover Ave	W DES MOINES IA 50266 Norwalk CT 06850
VD	<del>CUMMER, JAMES</del> James Messina	5700 WESTOWN PKWY 20 Glover Ave	W DES MOINES IA 50266 Norwalk CT 06850
S	<del>BOUSLOG, JOHN M</del> Robert E. Diaz	5700 WESTOWN PKWY 20 Glover Ave	W DES MOINES IA 50266 Norwalk CT 06850
T	<del>BUNYAN, JOHN E</del> James M. Messina John R. Pagano	5700 WESTOWN PKWY 20 Glover Ave	W DES MOINES IA 50266 Norwalk CT 06850
D	<del>LOCK, FREDERICK H</del> Stephen F. Wiggins	5700 WESTOWN PKWY 20 Glover Ave	WEST DES MOINES IA 50266 Norwalk CT 06850
D	HANSON, LEROY J	5700 WESTOWN PKWY	WEST DES MOINES IA 50266

8. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE FL 32399

9. Name and Address of New Registered Agent

Name  
Amar Bantilias / CT Corporation  
Street Address (P.O. Box Number is Not Acceptable)  
1200 S. Pine Island Road  
Suite, Apt. #, Etc.  
City  
Plantation  
State  
FL  
Zip Code  
33324

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE

Date

REGISTERED AGENT MUST SIGN

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/4/03

CR2E040 (7/03)