

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F98000002486

1. Corporation Name

GALWAY INSURANCE COMPANY

Principal Place of Business

818 WEST 7TH STREET  
LOS ANGELES CA 90017

Mailing Address

818 WEST 7TH STREET  
LOS ANGELES CA 90017

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CNA Plaza - 09S

City & State

City & State

Chicago, Illinois

Zip

Country

Zip

60685

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

05/01/1998

5. FEI Number

36-3976214

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
T	DEMPSEY, PAMELA S	333 S WABASH	CHICAGO IL 60685
<del>DRVP</del> SVPD	<del>ENGEL, PHILIP L</del> Jonathan David Kantor	<del>333 S WABASH</del> 333 S Wabash	<del>CHICAGO IL 60685</del> Chicago, IL 60685
CD	HENGESBAUGH, BERNARD L	333 S WABASH	CHICAGO IL 60685
<del>SVDP</del> SVPD	<del>MASONITE, JAMES W</del> Robert Victor Deutsch	<del>333 S WABASH</del> 333 S Wabash	<del>CHICAGO IL 60685</del> Chicago, IL 60685
PD	QUEHL, RICHARD W	333 S WABASH	CHICAGO IL 60685
<del>VP</del> VP	<del>KEPNER, JEFFREY C</del> Shelly Cillo	<del>333 S WABASH</del> 333 S Wabash	<del>CHICAGO IL 60685</del> Chicago, IL 60685

8. Name and Address of Current Registered Agent

THE INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32399-0300

9. Name and Address of New Registered Agent

Name

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

800003460073-5

Suite, Apt. #, Etc.

11/13/00-01005-006

City

State

FL

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  
Registered Agent

SIGNATURE REQUIRED

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 807 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:

*Shelly Cillo*

Shelly Cillo, Vice President

10/23/2000 (312) 822-5486

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE