

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

01 APR -2 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F99000005907**

1. Corporation Name

**SETTLEMENT OPTIONS, INC.**

Principal Place of Business

Mailing Address

CNA PLAZA  
CHICAGO IL 60685

CNA PLAZA  
CHICAGO IL 60685

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.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/15/1999

5. FEI Number **36-4338230**  
**186244872**

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	4
D	<del>FELDMAN, JOEL S</del> Borland, William	CNA PLAZA	CHICAGO IL 60685
D	STONE, DAVID L	CNA PLAZA	CHICAGO IL 60685
PCD	GOULET, SUSAN C	CNA PLAZA	CHICAGO IL 60685
V	SULLIVAN, JOHN J JR.	CNA PLAZA	CHICAGO IL 60685
VT	DEMPSEY, PAMELA S	CNA PLAZA	CHICAGO IL 60685
V	GEORGE-RATZ, MARGE	CNA PLAZA	CHICAGO IL 60685

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
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  
Registered Agent

*Wicky Goed Stern*  
REGISTERED AGENT MUST SIGN

Date **1-21-01**

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:

*Shelly A. Cillo*  
**Shelly A. Cillo, Vice President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/01

Date Daytime Phone #

CR2040 (800)

10/24/2000

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**Current Officers & Directors**

**Settlement Options, Inc.**

Director

William K. Borland  
Susan C. Goulet  
David L. Stone

Title

Director  
Director  
Director

Officer

Susan C. Goulet  
John J. Sullivan, Jr.  
Shelly Cillo  
Louis T. Davis  
Pamela S. Dempsey  
Marge George-Ratz  
Robert J. Kinnison  
Robert J. Grob  
Mary A. Ribikawskis

Title

Chairman of the Board & President  
Group Vice President  
Vice President  
Vice President  
Vice President & Treasurer  
Vice President  
Vice President  
Assistant Vice President  
Assistant Vice President & Secretary