PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV -5 PM 4:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K52834**

1. Corporation Name

EMPLOYERS INSURANCE SERVICE GROUP, INC.

Principal Place of Business	Mailing Address
75 VALENCIA AVE CORAL GABLES FL 33114-4240 US	75 VALENCIA AVE CORAL GABLES FL 33114-4240 US

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: 12/21/1988

5. FEI Number: 65-0094072 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
~~PD~~	~~LAMELA, LUIS E~~	~~75 VALENCIA AVE~~	~~CORAL GABLES FL 33134~~
PD	Travers H. Wills	300 Opus Center, 9900 Bren Rd	Minnetonka, MN 55343
~~EVPD~~	~~MCGUIRE, WILLIAM W M.D.~~	300 OPUS CENTER, 9900 BREN RD E	MINNETONKA MN 55343
T	Allan J. Weiss		
~~EVP~~	KOPPE, DAVID P	300 OPUS CENTER, 9900 BREN RD E	MINNETONKA MN 55343
SVPD			
~~EVP~~	~~RIVERT, JEANNINE M~~	300 OPUS CENTER, 9900 BREN RD E	MINNETONKA MN 55343
AT	Sheila E. McMillan		
S	SPICOLA, BRIGID M	300 OPUS CENTER, 9900 BREN RD E	MINNETONKA MN 55343
~~AS~~	~~ROCHE', KEVIN H~~	~~300 OPUS CENTER, 9900 BREN RD E~~	~~MINNETONKA MN 55343~~
AS	David J. Lubben	300 Opus Center, 9900 Bren Rd	Minnetonka, MN 55343

8. Name and Address of Current Registered Agent

CT 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

300002003753--4
-11/13/96--01017--017
****383 FL ****383.75

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
REGISTERED AGENT MUST SIGN

Date: 10-30-96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I certify that I am an officer or director of 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 REQUIRED Brigid M. Spicola, Secretary 10/3/96 612-936-1738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AP