

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 12 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000086586

1. Corporation Name

Associated Reinsurance Management Programs, Inc.

2. Principal Office Address

709 First Avenue

3. Mailing Office Address

P.O. Box 3306

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Welaka, FL

City & State

Gainesville, GA

Zip

32193

Country

US

Zip

30503

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

08/31/01

5. FEI Number

58-1505373

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

C. Graham Carothers, Esquire

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

101 E. Kennedy Boulevard

Suite, Apt. #, Etc.

Suite 2800

City

Tampa

State

FL

Zip Code

33602

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

Date

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
P/T/D	Alph H. Browne	709 First Avenue	Welaka, FL 32193
S/D	Diana D. Browne	709 First Avenue	Welaka, FL 32193
AT	Pam Porter	709 First Avenue	Welaka, FL 32193

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 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

12/ /02

Date

Daytime Phone #

Alph H. Browne, President

CR2E081 (9/01)

SHUMAKER, LOOP & KENDRICK, LLP
ATTORNEYS AT LAW

BANK OF AMERICA PLAZA, SUITE 2800
101 EAST KENNEDY BOULEVARD
TAMPA, FLORIDA 33602
(813) 229-7600
FAX (813) 229-1660

OTHER OFFICES:
CHARLOTTE, NC
COLUMBUS, OH
TOLEDO, OH

MAILING ADDRESS:
POST OFFICE BOX 172609
TAMPA, FLORIDA 33672-0609

December 11, 2002

VIA FEDERAL EXPRESS

Uniform Business Report
409 East Gaines Street
Tallahassee, FL 32302-1500

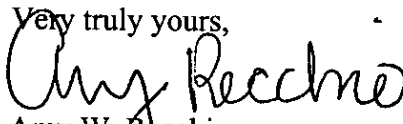
Re: Excess Benefits, Inc.
American Excess Risk, Inc.
Associated Intermediaries, Inc.
Associated Reinsurance Management Corporation

Dear Sir or Madam:

Enclosed for filing with the Florida Secretary of State are the 2002 Corporation Reinstatement forms for the above-referenced corporations, together with our client's checks in the amount of \$150.00 for the filing fee and a letter from the company regarding their non-receipt of the UBRs from your offices.

If you have any questions, please do not hesitate to contact our office.

Very truly yours,


Amy W. Recchio
Legal Assistant

AWR/
Enclosure

Reinsurance Offices

709 First Avenue
P. O. Box 1204
Welaka, Florida 32193
Phone: 386 467-3101; Fax: 386 467-3007

December 9, 2002

Florida Secretary of State
Reinstatement Division
Tallahassee, Florida

Re: Excess Benefits, Inc.
American Excess Risk, Inc.
Associated Intermediaries, Inc.
Associated Reinsurance Management Corporation

Dear Sir or Madam:

We hereby request that the Florida Secretary of State reinstate our corporations and waive the reinstatement fee because we never received any of the Uniform Business Reports (UBRs) for these corporations through the mail.

Thank you for your consideration in this matter.

Sincerely,



Alph H. Browne
President

Associated Intermediaries, Inc., American Excess Risk, Inc.
Associated Reinsurance Management Inc. Excess Benefits, Inc.
North Carolina Office - Ph. 828-456-6317; Fax 828-456-4433
Georgia Office - Ph. 770 536-9800; Fax 770 536-0093