

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

**CORPORATION
REINSTATEMENT**



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

FILED

00 JUN 20 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04486

1. Corporation Name

Hansa Reinsurance Company of America

2. Principal Office Address

25 Smith Street

Suite, Apt. #, etc.

City & State

Nanuet, New York

Zip

Country

10954

3. Mailing Office Address

25 Smith Street

Suite, Apt. #, etc.

City & State

Nanuet, New York

Zip

Country

10954

REINSTATEMENT

99.00

4. Date Incorporated or Qualified
To Do Business in Florida

12/27/1984

5. FEI Number

13 - 3031274

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

Corporate Services Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

600003312426--8

-07/05/00--01013--010

***900.00 ***900.00

State

FL

Zip Code

32301

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.

Jacqueline N. Casper, Assistant Vice President

Signature of
Registered Agent

Jacqueline N. Casper
REGISTERED AGENT MUST SIGN

Date 6/14/00

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
C/D	Zaid Pedersen	Fleminggatan 18	Stockholm, Sweden
S/D	Robert Ansehl	211 Whipporwill Road	Chappaqua, NY
D	Anders Barsk D	300 East 56th Street	New York, NY
D	Ake Brandin	Scarborough Manor	Scarborough, NY
D	E. Gunter Dahling	49 Hemlock Drive	Sleepy Hollow, NY
D	J. Leo Daly	18 King Street East	Toronto, Ontario

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.

GEORGE W. MURPHY

SIGNATURE:

George W. Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/2000 (914) 624.7780

Date

Daytime Phone #

CR2E081 (9/99)

20/2

Hansa Reinsurance Company of America

	<u>Name</u>	<u>Address</u>	<u>City/State/ZIP</u>
S/D	Robert A. Ansehl (Secretary)	211 Whippoorwill Road	Chappaqua, NY 10514
D	Anders Barsk	300 East 56th Street # 21K	NY, NY 10022
D	Ake Brandin	Scarborough Manor Apt. 3E-2	Scarborough, NY 10510
D	E. Gunter Dahling	49 Hemlock Drive	Sleepy Hollow, NY 10591
D	J. Leo Daly	18 King Street East Suite 1200	Toronto, Ontario M5C 1C4
P*/D	Gordon F. Dobson	335 West Shore Drive	Wycoff, NJ 07481
D	Goran Faxner	Fleminggatan 18	Stockholm, Sweden
V*/D	Scott E. Gottesman	6 Harrison Court	Peekskill, NY 10566
D	Arne E. Mark	one Old Church Road Unit 9	Greenwich, CT 06830
T*/D	George W. Murphy	22 Dorchester Road	Rockville Centre, NY 11570
D	Francis C. Oatway	3862 Pomfort Road	Pomfort, VT 05067
C/D	Zaid Pedersen (Chairman)	Fleminggatan 18	Stockholm, Sweden
D	Alan J. Rein	46 Crossway	Scarsdale, NY 10583

* Officer of StellaRe Management Corp., manager of Hansa Reinsurance Company of America