


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05044		
1. Entity Name FOLKSAMERICA REINSURANCE COMPANY		

Principal Place of Business ONE LIBERTY PLAZA 19TH FLOOR NEW YORK, NY 10006	Mailing Address ONE LIBERTY PLAZA 19TH FLOOR NEW YORK, NY 10006
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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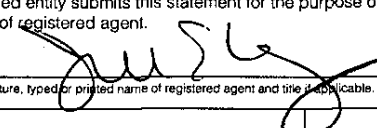
City & State Zip	City & State Zip	Country	Country
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FILED
04 NOV -8 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

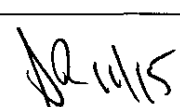


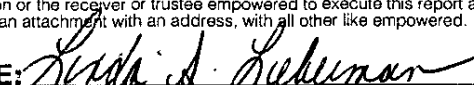
10222004 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent MINCHES, LEONARD H ATTN: EDWARDS & ANGELL, LLP 250 ROYAL PALMWAY PALM BEACH, FL 33480-4309		7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD City PLANTATION FL Zip Code 33324	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature, typed or printed name of registered agent and title, if applicable.	(NOTE: Registered Agent signature required when reinstating) DATE 10/26/04

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO FASS, STEVEN E ONE LIBERTY PLAZA, 19TH FLOOR NEW YORK, NY 10006 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO EDWARD STANCO ONE LIBERTY PLAZA, 19TH FLOOR NEW YORK, NY 10006 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVD MALONEY, MICHAEL E ONE LIBERTY PLAZA, 19TH FLOOR NEW YORK, NY 10006 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD DANIEL J. WILSON ONE LIBERTY PLAZA, 19TH FLOOR NEW YORK, NY 10006 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD WICKWIRE, JAMES D ONE LIBERTY PLAZA, 19TH FLOOR NEW YORK, NY 10006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVTC TYBORSKI, MICHAEL E ONE LIBERTY PLAZA, 19TH FLOOR NEW YORK, NY 10006 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSVP RONALD C. STANZIALE, JR., ONE LIBERTY PLAZA, 19TH FLOOR NEW YORK, NY 10006 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVGC EMEIGH, DONALD A JR. ONE LIBERTY PLAZA, 19TH FLOOR NEW YORK, NY 10006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100042571831 11/08/04--01067--003 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD TRACE, WARREN J ONE LIBERTY PLAZA, 19TH FLOOR NEW YORK, NY 10006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 	LINDA LIEBERMAN	October 25, 2004	212-312-2536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

SERVICE OF PROCESS CONSENT & AGREEMENT

(Please type or print all information)

☐ Original Designation ☐ Insurer Name Change ☐ Merger / Acquisition ☒ Update Delivery Information

Insurer or Company Name: FOLKSAMERICA REINSURANCE COMPANY

Previous Name (If applicable): _____

Home Office Address: ONE LIBERTY PLAZA 19TH FLOOR

City, State, Zip NEW YORK NY 10006

13-2997499 92584

FEI #

FL Company Code

212-312-2500

Telephone #.

Know all men by these present, that the insurer or other entity named above is subject to the statutory agent for service of process provisions of the Florida Insurance Code duly organized and existing under and by virtue of the laws of the state of domicile.

Said entity does hereby agree and consent that actions may be commenced against it in any court having jurisdiction in any county in the State of Florida, in which a cause of action may arise, or in which the plaintiff may reside, by the service of process upon the Chief Financial Officer of the State of Florida. Said entity also hereby stipulates and agrees that any and all process so served shall be taken and held in all Courts to be as valid and binding upon this insurer or other entity as if personal service had been made upon the President or Secretary, or any other duly authorized and accredited officer thereof.

The undersigned hereby further agrees and stipulates that this agreement is and shall remain irrevocable, so long as there is liability, under any policy, claim or cause of action within this state, either fixed or contingent. Said insurer or other entity does hereby designate the following as the name and address of the person to whom all process is to be forwarded when process is served upon said Chief Financial Officer of the State of Florida on behalf of the above named insurer or entity. In the event of a change in the name of the insurer or the designation of the person to whom process is to be forwarded, whether it be name and/or mailing address, the insurer or company shall immediately file a new agreement form with the Chief Financial Officer of the State of Florida at the address shown at the bottom of this page.

Designated Person
to receive process:

ANNE BOUTILIER

Firm:

C T CORPORATION SYSTEM

Mailing Address:

1200 SOUTH PINE ISLAND ROAD

City, State, Zip

PLANTATION, FL 33324

Signature:

Anne Boutlier

I hereby consent and agree to be the person to whom process served upon the Chief Financial Officer of the State of Florida for said entity, may be forwarded.

In Witness Whereof, we, the President or Chief Executive Officer and Secretary of said insurer or other entity, being duly authorized by the Board of Directors or governing body of this entity to execute this document, have hereunto set our hands and affixed the seal of said insurer or other entity on this the _____ day of _____

October

A.D. 2004

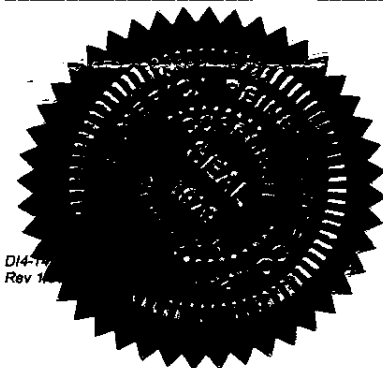
Edward Stanco
President or CEO's Signature
EDWARD STANCO, PRESIDENT/CEO

President or CEO (Typed or Printed)

Donald A. Emeigh, Jr.
Secretary's Signature
DONALD A. EMEIGH, JR., SECRETARY & GENERAL COUNSEL

Secretary (Typed or Printed)

Any signatures other than the President, CEO, or Secretary for the Company must be validated by the attachment of a resolution of the Board of Directors or Governing body of said company delegating the authority to sign for the company.



D14-1
Rev 1