

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P08000083320

FILED  
Dec 07, 2009  
Secretary of State

Entity Name: PURE INSURANCE COMPANY

**Current Principal Place of Business:**

800 CORPORATE DRIVE SUITE 420  
FT LAUDERDALE, FL 33334

**New Principal Place of Business:**

ONE NORTH LEXINGTON AVENUE  
1450  
WHITE PLAINS, NY 10601

**Current Mailing Address:**

800 CORPORATE DRIVE SUITE 420  
FT LAUDERDALE, FL 33334

**New Mailing Address:**

FEI Number: 26-3109178      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E GAINES ST  
TALLAHASSEE, FL 32399      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: NOT REQUIRED

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: CAREY, JAMES  
Address: 9 NORMANDY LANE  
City-St-Zip: RIVERSIDE, CT 06878

Title: D      ( ) Delete  
Name: MUNDHEIM, PETER  
Address: 165 E 72ND STREET APT 4E  
City-St-Zip: NEW YORK, NY 10021

Title: D      ( ) Delete  
Name: ZERBIB, NICHOLAS  
Address: 10 SOUTH DRIVE  
City-St-Zip: LARCHMONT, NY 10538

Title: D      ( ) Delete  
Name: BUCHMUELLER, ROSS  
Address: 62 CARLEON LANE  
City-St-Zip: LARCHMONT, NY 10538

Title: D      ( ) Delete  
Name: BAINE, J. STEPHEN  
Address: 10815 CHARLETON DRIVE  
City-St-Zip: VERO BEACH, FL 32693

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: O      ( ) Change (X) Addition  
Name: PARASCHAC, JEFFREY  
Address: 7 GORDON PLACE  
City-St-Zip: SCARSDALE, NY 10583

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY PARASCHAC

○

12/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date