


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P16568		
1. Entity Name WESCO INSURANCE COMPANY		

Principal Place of Business 200 SOMERSET CORP BLVD BRIDGEWATER, NJ 08807 US	Mailing Address 2700 SANDERS RD ATTN: TAL DEPT 2S PROSPECT HEIGHTS, IL 60070 US
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2. Principal Place of Business - No P.O. Box # 59 MAIDEN LANE Suite, Apt. #, etc. 6TH FLOOR	3. Mailing Address 59 MAIDEN LANE Suite, Apt. #, etc. 6TH FLOOR
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City & State NEW YORK, NY	City & State NEW YORK, NY
Zip 10038	Zip 10038
Country UNITED STATES	Country UNITED STATES

6. Name and Address of Current Registered Agent	
CHIEF FINANCIAL OFFICER XXXXXXXXXXXX 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	

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10/03/07--01038--019
TALLAHASSEE, FLORIDA

REINSTATEMENT
09262007 REIN P 1 CR2E098 (1/07) 07

4. FEI Number 85-0165753	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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
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FILE NOW!!! FEE IS \$150.00 After January 1, 2008, 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	CPD COZZA, PATRICK A 200 SOMERSET CORPORATE BLVD STE 100 BRIDGEWATER, NJ 08807 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZYSKIND, BARRY D 59 MAIDEN LANE, 6TH FLOOR NEW YORK, NY 10038 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCCO TITUS, TIMOTHY J 200 SOMERSET CORPORATE BLVD STE 100 BRIDGEWATER, NJ 08807 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARFUNKEL, MICHAEL 59 MAIDEN LANE, 6TH FLOOR NEW YORK, NY 10038 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUNEMANN, G 2700 SANDERS RD PROSPECT HEIGHTS, IL 60070 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KARFUNKEL, GEORGE 59 MAIDEN LANE, 6TH FLOOR NEW YORK, NY 10038 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PISANO, MICHAEL E 2700 SANDERS RD PROSPECT HEIGHTS, IL 60070 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S UNGAR, STEPHEN 59 MAIDEN LANE, 6TH FLOOR NEW YORK, NY 10038 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SCHLACHTER, HARRY 59 MAIDEN LANE, 6TH FLOOR NEW YORK, NY 10038 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemptions contained 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 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: 	Harry Schlachter	10/01/2007	212.220.7120
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)		Date	Daytime Phone #