PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P16639

1. Corporation Name

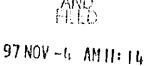
CENTURY REINSURANCE COMPANY

Principal Place of Business

Mailing Address

TWO LIBERTY PLACE 1601 CHESTNUT ST.

TWO LIBERTY PLACE 1601 CHESTNUT ST.



SECRETARY OF STATE TALLAHASSEE, FLORIDA

PHILADELPHIA PA 19192			PHILADELPHIA PA 19192						
		incorrect in any way, line thr				<u> </u>			
				ing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11/02/1987			
				Liberty Place, TL21G To Do. etc. Chestnut Street 5. FEI No.		5. FEI Numbe			lied For
City & State City & State						1			
Zip Country Zip				delphia	PA puntry	6.	\$8.75	Additional I	
			1 - r	19192			for a Certificate of Status		
7. Names	and Street Ad	dresses of Each Officer and/	or Director (Flor	rlda nonprofit co					
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip		
8	-COZEN,-LORI →			1601 CHESTNUT ST.			PHILADELPHIA PA 19192		
PD	Mulligan, George D. ENGEL, JAMES D., BICHARD C			1601 CHESTNUT ST.			PHILADELPHIA PA 19192		
	Engel, James D.			· · · · · · · · · · · · · · · · · · ·					
VAT	BERGSTE	INSSON, PAUL	ĺ	1601 CHESTNUT ST.			PHILADELPHIA PA		
D	DALY, MICHAEL J			1601 CHESTNUT STREET			PHILADELPHIA PA 19192		
VD	LIUZZI, JOSEPH R			1601 CHESTNUT STREET		PHILADELPHIA PA 19192			
VT	BLENDER, MARCY F.			1601 CHESTNUT ST.			PHILADELPHIA PA		
		t, Kenneth R. ne and Address of Current	Deviatered Ame	n1		0. Name and	No.		
	- 0. IVAII	ie and Address of Current	vedisieian wae		Name	9. Name and Address of New Registered Agent Name			
INSURANCE COMMISSIONER						1/06/9701119009 P.O. Box Number is Not Acceptable 750.00 ****750.00			
STHE CAPITOL				Street Address (P.O. Box I			IS NOT ACCEPTABLE TO U	****750	0.00
TALLAHASSEE FL 32301					Suite, Apt. #, Etc	Suite, Apt. #, Etc.			
		ATEMENT		Man	194/4/97	7	FL	Zip Code	
10. I, being	appointed th	e registered agent of the abo	ve named corpo	ration, am famili	ar with and apcept the o	bligations of Sect	on 607.0505, F.S.		
Signature of	of Agent	 		i			Date		
	REGISTER			AGENT MUST SIGN					
11. Th	is corpo	ration owes or ha	as paid the	e current	year		(See other side	for Information	on

12. Learlify 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:

Intangible Personal Property tax due June 30.

George D. Mulligan

Yes L

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10/29/97 215-761-1000

on intangible tax.)