

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

97 NOV -6 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P16639**

1. Corporation Name

CENTURY REINSURANCE COMPANY

Principal Place of Business

**TWO LIBERTY PLACE
1601 CHESTNUT ST.
PHILADELPHIA PA 19102**

Mailing Address

**TWO LIBERTY PLACE
1601 CHESTNUT ST.
PHILADELPHIA PA 19102**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Two Liberty Place, TL21G

Suite, Apt. #, etc.

1601 Chestnut Street

City & State

Philadelphia PA

19102

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/1987

5. FEI Number

06-0988117

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
S	COZEN, LORI Mulligan, George D.	1601 CHESTNUT ST.	PHILADELPHIA PA 19102
PD	ENGEL, JAMES D., RICHARD C. Engel, James D.	1601 CHESTNUT ST.	PHILADELPHIA PA 19102
VAT	BERGSTENSSON, PAUL	1601 CHESTNUT ST.	PHILADELPHIA PA
D	DALY, MICHAEL J	1601 CHESTNUT STREET	PHILADELPHIA PA 19102
V/D	LIUZZI, JOSEPH R	1601 CHESTNUT STREET	PHILADELPHIA PA 19102
VT	BLENDER, MARGY F. Garrett, Kenneth R.	1601 CHESTNUT ST.	PHILADELPHIA PA

8. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301**

REINSTATEMENT

9. Name and Address of New Registered Agent

Name

000002340920-4

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

**11/06/97-01119-009
****750.00 ****750.00**

Suite, Apt. #, Etc.

City

11/4/97

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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.

SIGNATURE:

George D. Mulligan

George D. Mulligan

10/29/97 215-761-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (8/97)