

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																																	
DOCUMENT # P17654 1. Corporation Name The Netherlands Insurance Company																																			
2. Principal Office Address 62 Maple Street Suite, Apt. #, etc. City & State Keene, NH Zip 03431		3. Mailing Office Address 175 Berkeley Street Suite, Apt. #, etc. City & State Boston, MA Zip 02116																																	
		4. Date Incorporated or Qualified To Do Business in Florida 1/14/1988 5. FEI Number 02-0342937																																	
		6. CERTIFICATE OF STATUS DESIRED ☒ See Form 1001 for instructions Applied For Not Applicable																																	
7. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 7200 South Pine Island Road Suite, Apt. #, Etc. City Plantation State FL Zip Code 33324																																			
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S. Signature of Registered Agent <u>Conne Buz</u> REGISTERED AGENT MUST SIGN Date <u>5/4/06</u>																																			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Titles</th> <th style="width: 30%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td></td> <td>See Attached</td> <td></td> <td></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		See Attached																										
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10. 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 contained in Chapter 119, 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: <u>Edmund C. Keeney</u> <u>4/5/06</u> <u>607-357-9500</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																			