

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2008 NOV 21 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10282008 REIN-P CR2E098 (1/07)

<b>DOCUMENT # P36525</b>					
1. Entity Name <b>COMMERCIAL CASUALTY INSURANCE COMPANY</b>					
Principal Place of Business <b>1 LIBERTY PLAZA, 19TH FLOOR NEW YORK, NY 10006 US</b>			Mailing Address <b>1 LIBERTY PLAZA, 19TH FLOOR NEW YORK, NY 10006 US</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>95-4077789</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LIBERATOR, JOHN D 1 LIBERTY PLAZA, 19TH FLOOR NEW YORK, NY 10006 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President & Director Neal Wasserman 927 Hopmeadow Street Simsbury, CT 06070 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C STANCO, EDWARD J 1 LIBERTY PLAZA, 19TH FLOOR NEW YORK, NY 10006 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Dwight R. Evans One Liberty Plaza New York, NY 10006 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT WASSERMAN, W. NEAL C 1 LIBERTY PLAZA, 19TH FLOOR NEW YORK, NY 10006 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP, CFO, Treasurer & Director Robert J. Freiling One Liberty Plaza New York, NY 10006 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIEBERMAN, LINDA S ONE LIBERTY PLAZA, 19TH FLOOR NEW YORK, NY 10006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900138181429 11/21/08--01036--009 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC STANZIALE, RONALD C JR 1 LIBERTY PLAZA, 19TH FLOOR NEW YORK, NY 10006 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP and General Counsel Robert P. Kuehn One Liberty Plaza New York, NY 10006 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPD WILSON, DANIEL J ONE LIBERTY PLAZA, 19TH FLOOR NEW YORK, NY 10006 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2008 <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 line empowered.					
SIGNATURE <i>Linda S. Lieberman</i>			Linda S. Lieberman		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 10/29/08		