

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

11/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P40558

1. Corporation Name

SUA INSURANCE COMPANY

2. Principal Office Address - No P.O. Box #

222 S. Riverside Plaza

Suite, Apt. #, etc.

Suite 1600

City & State

Chicago, Illinois

Zip

60606

Country

U.S.A.

3. Mailing Office Address

222 S. Riverside Plaza

Suite, Apt. #, etc.

Suite 1600

City & State

Chicago, Illinois

Zip

60606

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/82

5. FEI Number

23-2182777

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Chief Financial Officer

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

P. O. Box 6200 (32314-6200)

Suite, Apt. #, Etc.

200 E. Gaines Street

City

Tallahassee

State

FL

Zip Code

32399

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date **11/5/08**

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See Attached List		

400137941814
11/14/08--01051--021 **750.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Scott W. Goodreau, EVP, General Counsel & Secretary

11/05/08

312-277-1616

Date

Daytime Phone #

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SUA INSURANCE COMPANY

Domiciled in the State of Illinois

As of 11/3/08

<u>Director's Name</u>	<u>Title</u>	<u>Address</u>
Peter E. Jokiel	Director	222 S. Riverside Plaza, Suite 1600, Chicago, IL 60606
Courtney C. Smith	Director	222 S. Riverside Plaza, Suite 1600, Chicago, IL 60606
Russell E. Zimmermann	Director	222 S. Riverside Plaza, Suite 1600, Chicago, IL 60606
<u>Officer's Name</u>	<u>Title</u>	<u>Address</u>
Courtney C. Smith	President, CEO	222 S. Riverside Plaza, Suite 1600, Chicago, IL 60606
Peter E. Jokiel	CFO, EVP, COO	222 S. Riverside Plaza, Suite 1600, Chicago, IL 60606
Scott W. Goodreau	SVP, General Counsel, Secretary	222 S. Riverside Plaza, Suite 1600, Chicago, IL 60606
Gary J. Ferguson	SVP, Chief Claims Officer	222 S. Riverside Plaza, Suite 1600, Chicago, IL 60606
Scott K. Charbonneau	Chief Actuary, VP	222 S. Riverside Plaza, Suite 1600, Chicago, IL 60606
Daniel A. Cacchione	VP, CUO	222 S. Riverside Plaza, Suite 1600, Chicago, IL 60606
Barry G. Cordeiro	SVP, CIO	222 S. Riverside Plaza, Suite 1600, Chicago, IL 60606
Daniel Rohan	VP, Controller, Assistant Secretary	222 S. Riverside Plaza, Suite 1600, Chicago, IL 60606
Michael Gooding	Assistant Secretary	222 S. Riverside Plaza, Suite 1600, Chicago, IL 60606
Richard Stanko	Assistant Treasurer	222 S. Riverside Plaza, Suite 1600, Chicago, IL 60606
John Wagner	Assistant Treasurer	222 S. Riverside Plaza, Suite 1600, Chicago, IL 60606