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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 DEC -8 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 801165 1. Corporation Name AIU INSURANCE COMPANY			
2. Principal Office Address		3. Mailing Office Address	
70 PINE STREET		70 PINE STREET	
Suite, Apt #, etc		Suite, Apt #, etc	
		30th FLOOR	
City & State		City & State	
NEW YORK, NY		NEW YORK, NY	
Zip	Country	Zip	Country
10270	USA	10270	USA

REINSTATEMENT 99-05

T. Roberts DEC 08 2005
CR2ERR1 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida July 3, 1919	
5. FEI Number 13-5303710	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>See Instructions for a Certificate of Status</small>	

7. Name and Address of Current Registered Agent			
Name THE PRENTICE-HALL CORPORATION SYSTEM, INC.			
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET			
Suite, Apt #, Etc			
City TALLAHASSEE		State FL	Zip Code 32301

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: [Signature] Date: 12/07/05

REGISTERED AGENT MUST SIGN: DAVID W. NICKELSEN, ASST VP

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
COB/P/D	Kristian P. Moor	175 Water Street	New York, NY 10038
VP/D	Win J. Neuger	70 Pine Street	New York, NY 10270
D	Ernest T. Patrikis	70 Pine Street	New York, NY 10270
SVP	Charles R. Schader	70 Pine Street	New York, NY 10270
SVP/T/D	Robert S. Schimek	175 Water Street	New York, NY 10038
S	Elizabeth M. Tuck	70 Pine Street	New York, NY 10270

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 under section 119.07(3)(c), 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] Date: 12/07/05 (212) 770-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Elizabeth M. Tuck Date: _____ Daytime Phone #: _____

**Florida Department of State
Division of Corporations
Public Access System**

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Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
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CORPORATION REINSTATEMENT

AIU INSURANCE COMPANY

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,800.00