

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED (1)
97 OCT 30 AM 9:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P06852 (8)

1. Corporation Name

ABELLE GENERAL INSURANCE COMPANY

Mailing Address

Principal Place of Business

70 Pine Street
30th Floor
New York, New York 10270

70 Pine Street
New York, New York 10270

REINSTATEMENT

95-99
AD

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

7/25/1985

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-2755310

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
C/D	Robert M. Sandler	70 Pine Street	New York, New York 10270
P/D	Thomas M. Flaherty	4501 North Point Parkway	Alpharetta, Georgia 30202
D	Edward E. Matthews	70 Pine Street	New York, New York 10270
D	Thomas R. Tizzio	70 Pine Street	New York, New York 10270
S	Elizabeth M. Tuck	70 Pine Street	New York, New York 10270
T	William N. Dooley	70 Pine Street	New York, New York 10270

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Insurance Commissioner
Capitol Building
Tallahassee, Florida 32301

Name

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

Suite, Apt. #, Etc.

City

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 607.0595, F.S.

300002333475--3

Signature of Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Elizabeth M. Tuck

Elizabeth M. Tuck

10/13/97

(212)770-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CPRE040 (6/94)

2



ACCOUNT NO. : 072100000032

REFERENCE : 566752 4320171

AUTHORIZATION : *Patricia Pujols*

COST LIMIT : \$ 1088.75

ORDER DATE : October 15, 1997

ORDER TIME : 5:21 PM

ORDER NO. : 566752-005

CUSTOMER NO: 4320171

CUSTOMER: Ms. Bernadette Colon
AMERICAN INTERNATIONAL GROUP,
INC.
70 Pine Street
30th Floor
New York, NY 10270

DOMESTIC FILING

NAME: ABEILLE GENERAL INSURANCE
COMPANY

EFFECTIVE DATE:

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Warren Whittaker

EXAMINER'S INITIALS: _____