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SECRETARY OF STALL DIVISION OF CORPORATION

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COVER LETTER

10:	Division of Co						
SUBJ	ECT:	LM PE	RSONAL	INSUF f Corpora	RANCE COI	MPAN	<u>Y</u>
DOC	UMENT NUM	BER:	Name o	•	846967		
The e	nclosed Amendr	nent and fe	e are submit	ted for fi	ling.		
Please	e return all corre	spondence	concerning	this matt	er to the follow	ing:	
			ING (MS 0	7A)		•	
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	BO City	STON, May/State and	A 02116 Zip Code	<u></u>			
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For fu	rther informatio	n concerni	ng this matte	er, please	call:		
	BERNIE M. Name of Con	SCHILLII tact Person	NG	at (61 Area	7) Code & Daytime	654- e Teleph	-3095 one Number
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Amen Divisi P.O. I	ng Address: dment Section on of Corporation Box 6327 nassee, FL 32314			Division Clifton E 2661 Exc	ent Section of Corporation		

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

	(Pursuant to S. 607.1304, F.S.)	
		· = = = = = = = = = = = = = = = = = = =
	SECTION I (1-3 MUST BE COMPLETED)	FEB
	846967	一つの一方が
	(Document number of corporation (if known)	PA PA
	ERSONAL INSURANCE COMPANY	3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(Name of corpo	oration as it appears on the records of the Department of State)	
2. ILLINOIS (Incorporated under law	3. 9/16/1980 We of) (Date authorized to do business in	n Florida)
(4-7 c	SECTION II COMPLETE ONLY THE APPLICABLE CHANGES)	
4. If the amendment changes the name	of the corporation, when was the change effected under th	e laws of
its jurisdiction of incorporation?	JANUARY 3, 2011	,
5. LIBEF	RTY INSURANCE UNDERWRITERS INC. Indiment, adding suffix "corporation," "company," or "incor	
(Name of corporation after the amer appropriate abbreviation, if not cor	idment, adding suffix "corporation," "company," or "incorntained in new name of the corporation)	porated," or
(If new name is unavailable in Florid business in Florida)	da, enter alternate corporate name adopted for the purpose of	of transacting
6. If the amendment changes the perio	d of duration, indicate new period of duration.	
7. If the amendment changes the jurisd	(New duration) liction of incorporation, indicate new jurisdiction.	
,		
	(New jurisdiction)	·
 Attached is a certificate or documen 90 days prior to delivery of the appl having custody of corporate records 	t of similar import, evidencing the amendment, authentication to the Department of State, by the Secretary of State in the jurisdiction under the laws of which it is incorporate	ed not more than e or other official ed.
Sandly		
(Signature of a director, president of a receiver or other court appoint	or other officer - if in the hands led fiduciary, by that fiduciary)	
James R. Pug (Typed or printed name of pers	h Assistant Secretary on signing) (Title of person signing)	_
(Typed of printed name of pers	on arguing) (Thie of person arguing)	,



STATE OF ILLINOIS

DEPARTMENT OF INSURANCE

320 WEST WASHINGTON STREET SPRINGFIELD, ILLINOIS 62767-0001



I, the undersigned, Director of Insurance of the State of Illinois, hereby certify that the document to which this Certification is attached is a true and correct copy of the original now on file in and forming a part of the records of the Illinois Department of Insurance.

In witness whereof, I hereto set my hand and cause to be affixed this Seal in Springfield, Illinois.

Date: JAN 1 8 2011 Millian J. M. Saith

IL446-0135 (6/09)

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CERTIFICATE OF MERGER

WHEREAS, certain Agreement of Merger entered into on July 13, 2010, by and between Liberty Insurance Underwriters, Inc. a company organized and existing under and by virtue of the laws of the State of New York and the LM Personal Insurance Company a company organized and existing under and by virtue of the laws of the State of Illinois whereby the said Liberty Insurance Underwriters, Inc. has been merged into the LM Personal Insurance Company, the surviving company, has been presented to the Director of Insurance of the State of Illinois for approval.

And it appearing from the documents filed with the Director of Insurance of the State of Illinois that the said parties to said Agreement of Merger have in all respects complied with the laws of the State of Illinois and with all applicable provisions of an Act of the General Assembly of the State of Illinois, entitled: The "Illinois Insurance Code," approved June 29, 1937, as amended, and that said Agreement is in accordance with the provisions of Article X of the said "Illinois Insurance Code" and is not inconsistent with the laws or constitution of the State of Illinois or of the United States, and the undersigned Director of Insurance of the State of Illinois being satisfied that no reasonable objection exists thereto.

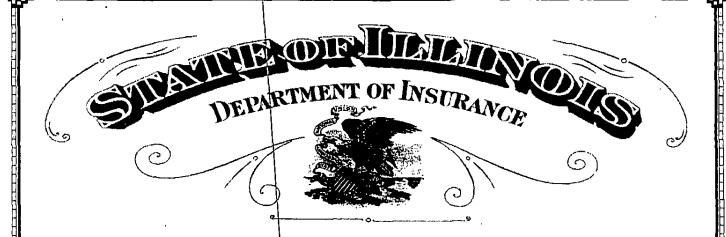
NOW, THEREFORE, I, Director of Insurance of the State of Illinois, by virtue of the powers vested in me by law do hereby issue this Certificate of Merger.

DATE: January 3, 2011

DEPARTMENT OF INSURANCE of the State of Illinois;

MICHAEL T. MCRAITH DIRECTOR OF INSURANCE





WHEREAS, the Liberty Insurance Underwriters Inc. (formerly LM Personal Insurance Company) located at COUNTY OF COOK in the State of Illinois was incorporated pursuant to the provisions of the "Illinois Insurance Code" applicable to said Company

NOW, THEREFORE, I the undersigned, Director of Insurance of the State of Illinois, do hereby certify the said Company is authorized to transact its appropriate business as set forth under Clause(s)

(a), (b), (c), (d), (e), (f), (g), (h), (i), (i), (k), (l) of Class 2 (a), (b), (c), (d), (e), (f), (g), (h), (i) of Class 3

of Section 4 of the "Illinois Insurance Code" in this State, in accordance with the laws thereof.

> DEPARTMENT OF INSURANCE of the State of Illinois:

DATE: January 4, 2011



Director of Insurance