

846967

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DIVISION OF CORPORATIONS
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@ 2/10/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LM PERSONAL INSURANCE COMPANY
Name of Corporation

DOCUMENT NUMBER: 846967

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BERNIE M. SCHILLING (MS 07A)
Name of Contact Person

LIBERTY MUTUAL GROUP INC.
Firm/Company

175 BERKELEY STREET
Address

BOSTON, MA 02116
City/State and Zip Code

gina.hudson@libertymutual.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BERNIE M. SCHILLING at (617) 654-3095
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$35.00 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☒ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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.)

SECTION I
(1-3 MUST BE COMPLETED)

846967

(Document number of corporation (if known))

1. LM PERSONAL INSURANCE COMPANY

(Name of corporation as it appears on the records of the Department of State)

2. ILLINOIS

(Incorporated under laws of)

3. 9/16/1980

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? JANUARY 3, 2011

5. LIBERTY INSURANCE UNDERWRITERS INC.

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)


6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.


(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

James R. Pugh

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

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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 18 2011 Michael J. McQuinn
Director of Insurance

STATE OF ILLINOIS

DEPARTMENT OF INSURANCE



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.

DEPARTMENT OF INSURANCE of the State of
Illinois;

DATE: January 3, 2011



Michael T. Mcraith
MICHAEL T. MCRAITH
DIRECTOR OF INSURANCE

STATE OF ILLINOIS

DEPARTMENT 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), (j), (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



Michael T. Mcraith
MICHAEL T. MCRAITH
Director of Insurance