

P22537

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

11 APR -8 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
DATE
FILED

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
DEERBROOK INSURANCE COMPANY**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

RECEIVED
11 APR -8 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/8/2011
[Handwritten signature]

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

P22537

SECRETARY OF DEFENSE
ITALY AMEMB

11 APR -8 AM 9:26

五、

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

(Title of person signing)



WHEREAS, the ALLSTATE VEHICLE AND PROPERTY INSURANCE
COMPANY (FORMERLY DEERBROOK INSURANCE COMPANY) located at
TOWNSHIP OF NORTHFIELD, 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) of Class 2
(a), (b), (c), (d), (e), (f), (g), (h) of Class 3

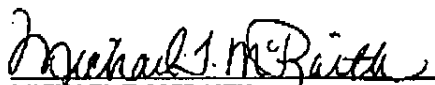
of Section 4 of the "**Illinois Insurance Code**" in this State, in accordance
with the laws thereof.

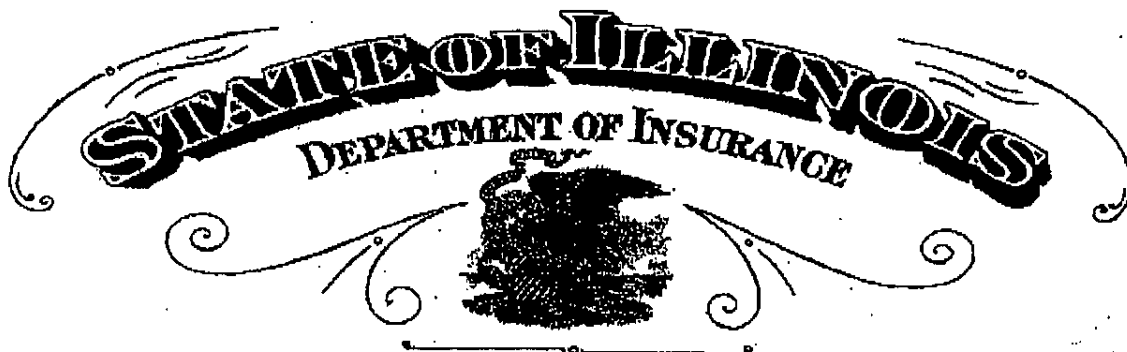
DEPARTMENT OF INSURANCE of the State of
Illinois;

DATE: March 17, 2011



Certificate of Compliance


MICHAEL T. MCRAITH
Director of Insurance



AMENDED CERTIFICATE OF AUTHORITY

Whereas, the ALLSTATE VEHICLE AND PROPERTY INSURANCE COMPANY

(formerly DEERBROOK INSURANCE COMPANY)

located at Township of Northfield, County of Cook, in the State of Illinois

has complied with all the requirement of the "Illinois Insurance Code" applicable to said Company;

NOW, THEREFORE, I, the undersigned, Director of Insurance of the State of Illinois, do hereby authorize the said Company to transact its appropriate business as set forth under Clauses(s) _____

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

(a), (b), (c), (d), (e), (f), (g), (h) 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: 3-7-11



Michael T. McRaith
MICHAEL T. MCRAITH
Director of Insurance