P22537

Florida Department of State
Division of Corporations
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Division of Corporations
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11 APR -8 AM 8:00
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TALLAHASSEE, FLORIDA

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

APPROVED

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

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.)

11 APR -8 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECTION I
(1-3 MUST BE COMPLETED)

P22537
(Document number of corporation (if known))

1. Deerbrook Insurance Company
(Name of corporation as it appears on the records of the Department of State)

2. Illinois (Incorporated under laws of) 3. 1/12/89 (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? 3/7/11

5. Allstate Vehicle and Property Insurance Company
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

None
(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)

Mary J. McGinn, Senior Vice President and Secretary
(Typed or printed name of person signing) (Title of person signing)

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE

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

Michael T. McRaith
MICHAEL T. MCRAITH
Director of Insurance

Certificate of Compliance

STATE OF ILLINOIS
DEPARTMENT 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