



March 9, 2000

Via Federal Express

Ms. Velma Shepard  
Corporate Specialist  
Division of Corporation  
Amendment Section  
Florida Department of State  
509 East Gaines Street  
Tallahassee, Florida 32399

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-03/20/00--01075--006  
\*\*\*\*\*36.25 \*\*\*\*\*36.25

RE: **SPECIALTY SURPLUS INSURANCE COMPANY**

Dear Ms. Shepard:

Investors Insurance Company of America ("Investors"), a New Jersey property-casualty company, is an approved eligible surplus lines carrier in your state. Effective January 1, 2000, Investors was acquired by Lumbermens Mutual Casualty Company and effective January 3, 2000, its name was changed to Specialty Surplus Insurance Company. Investors was previously admitted to do business in the state of Florida but has been inactive for a while. I would now like to re-qualify the company to transact business in Florida under the new name of Specialty Surplus Insurance Company.

To support the application for authorization to transact business, I have enclosed the following documents:

1. Transmittal Letter;
2. Application by Foreign Corporation for Authorization to Transact Business in Florida;
3. An amended Certificate of Incorporation; and
4. A check in the amount of \$96.25 to cover the Department's filing fee and fees for a total of three Certificates of Status.

I would appreciate your assistance with sending the three Certificates of Status by Federal Express using Kemper's account number, which is 0606-0803-2.

Should you have any questions regarding Specialty Surplus Insurance Company, please call me at 847/320-5392 or Ms. D. Drue Wax at 847/320-4899. We can also be reached by facsimile at 847/320-

Name	4202. 317100
Availability	dec
Document	Very truly yours,
Examiner	Deborah Keith
Updater	Deborah Keith Licensing Coordinator
Updater	Corporate Legal, C-3
Verifier	DCC
Acknowledgement	DCC
W. P. Verifier	000-2000 DCC

One Kemper Drive  
Long Grove, Illinois 60049

www.kemperinsurance.com

C. TAX \_\_\_\_\_  
FILING 70.00  
R. AGENT FEE \_\_\_\_\_  
C. DUTY 26.25  
TOL \_\_\_\_\_  
N. EX \_\_\_\_\_  
BALANCE DUE \_\_\_\_\_  
REFUND \_\_\_\_\_

F00000001893



March 28, 2000

Ms. Diane Cushing  
Corporate Specialist  
Division of Corporations  
Florida Department of State  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: SPECIALTY SURPLUS INSURANCE COMPANY  
(F/K/A INVESTORS INSURANCE COMPANY OF AMERICA)  
REF. # W00000007177**

Dear Ms. Cushing:

Thank you for your letter dated March 17, 2000. Per your request, I have enclosed a Certificate of Compliance issued by New Jersey for Specialty Surplus Insurance Company ("Specialty Surplus"). Please note item #5 which states that the Company is in good standing and has complied with all the requirements of New Jersey Statues.

It is my understanding that you are now able to complete the name change filing for Specialty Surplus. Thank you for your assistance. Please do not hesitate to contact me at (847) 320-4799 should you have any questions or require additional information.

Sincerely,

A handwritten signature in cursive script, appearing to read 'D. Drue Wax'.

D. Drue Wax  
Senior Counsel  
Corporate Legal, C-3

Enclosure

G:\CorporateLegal\Filedocs\Licensing\Specialty Surplus (Investors)\FL-Itt.Cushing.032800.doc

(847) 320-2000

One Kemper Drive  
Long Grove, Illinois 60049

[www.kemperinsurance.com](http://www.kemperinsurance.com)



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

March 17, 2000

MS. D. DRUE WAX  
KEMPER INSURANCE COMPANIES  
1 KEMPER DRIVE, C-3  
LONG GROVE, IL 60049

SUBJECT: SPECIALTY SURPLUS INSURANCE COMPANY  
Ref. Number: W00000007177

We have received your document for SPECIALTY SURPLUS INSURANCE COMPANY and your check(s) totaling \$96.25. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6913.

Diane Cushing  
Corporate Specialist

Letter Number: 000A00014813

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Specialty Surplus Insurance Company  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. New Jersey 3. 22-1688641  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. October 26, 1961 5. perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Company was formerly named Investors Insurance Company of America and was  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)  
qualified to do business in Florida on 6-19-75 and withdrew on 2-26-91.
7. Specialty Surplus Insurance Company, 7501 E. McCormick Parkway, Scottsdale,  
Arizona 85258  
(Current mailing address)
8. To transact the business of insurance.  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**  
Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida, 32301  
(Zip code)
10. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*



(Registered agent's signature) **EDWARD T. BURKE**  
**AUTHORIZED REPRESENTATIVE**

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address **ONLY** - P.O. Box **NOT** acceptable)

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable).**

Chairman: William D. Smith

Address: 1 Kemper Drive  
Long Grove, IL 60049

Vice Chairman: N/A

Address: \_\_\_\_\_

Director: David B. Mathis, William D. Smith, Vickie F. Kartchner, and Mural R. Josephson

Address: 1 Kemper Drive  
Long Grove, IL 60049

Director: See above

Address: \_\_\_\_\_

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: Vickie F. Kartchner Chief Financial Officer: John F. Ahearn

Address: 1 Kemper Drive 1 Kemper Drive  
Long Grove, IL 60049 Long Grove, IL 60049

Vice President: Robert Daniel, Robert Hames, and Mural R. Josephson

Address: 1 Kemper Drive  
Long Grove, IL 60049

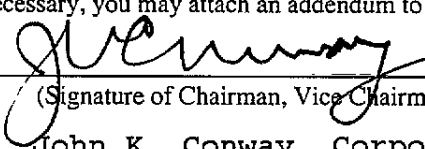
Secretary: John K. Conway

Address: 1 Kemper Drive  
Long Grove, IL 60049

Treasurer: Michael A. Finelli, Jr.

Address: 1 Kemper Drive  
Long Grove, IL 60049

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. John K. Conway, Corporate Secretary

(Typed or printed name and capacity of person signing application)



**State of New Jersey**  
**DEPARTMENT OF BANKING AND INSURANCE**  
PO Box 325  
TRENTON, NJ 08625-0325  
Tel (609) 292-5360

CHRISTINE TODD WHITMAN  
*Governor*

KAREN L. SUTER  
*Acting Commissioner*

**CERTIFICATE OF COMPLIANCE**

February 9, 2000

I, Karen L. Suter, Acting Commissioner of Banking and Insurance of the State of New Jersey, do hereby certify, depose and say that:

1. The Specialty Surplus Insurance Company, Red Bank, New Jersey is a corporation organized under the laws of the State of New Jersey on October 26, 1961, and commenced business in said State on January 1, 1962;
2. The home office of said Company, is located at 200 Schulz Drive, Red Bank, New Jersey 07701-6741, and the agent therein and in charge thereof, upon whom process may be served against the Company is Jeremy D. Cooke, President;
3. Said Company is presently authorized to transact in New Jersey, the kinds of insurance specified in paragraphs "a", "b", "e", "f", "g", "j", "k", "l", and "o", of N.J.S.A. 17:17-1, a certified copy of the relevant section of the statutes is attached for your information. The Company's authority under paragraph "o" is further delineated in its Amended Certificate of Authority as follows:

Against all physical loss to buildings and structures, including consequential loss; and against loss or damage to property of others, caused by an insured;

4. The aforementioned currently effective Amended Certificate of Authority authorizes the Specialty Surplus Insurance Company to transact in this State, among other things, the business that is commonly known as fidelity and surety;
5. Said Company is in good standing and having complied with all the requirements of New Jersey statutes is authorized to transact the business of insurance in the State of New Jersey in accordance with all the provisions of its charter and the laws of this State as provided in its currently effective Amended Certificate of Authority issued by this Department;
6. As reported in its sworn Annual Statement as at December 31, 1998, the Company had a Common Capital Stock of \$4,200,000; Gross Paid In and Contributed Surplus of \$25,441,837, Unassigned Funds (Surplus) of \$11,432,752, or a total Surplus as Regards Policyholders of \$41,074,589;

I further certify that the Specialty Surplus Insurance Company is not precluded by its charter or the laws of this State from engaging in the classes of business stated above in states other than New Jersey, upon compliance with the laws of such other states.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal, at Trenton, the day and year first above written.

A handwritten signature in cursive script, reading "Karen L. Suter". The signature is written in black ink and is positioned above the printed name of the official.

Acting Commissioner of Banking and Insurance