804972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
Per Alison it is not a requirement to file n/chg with the State of Ill.
AC 6/18

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03 JUN 11 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AC 6

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Combined Specialty Insurance Company
(Name of corporation)

DOCUMENT NUMBER: 804972

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ms. Alison J. Sagami
(Name of person)

Virginia Surety Company, Inc.
(Name of firm/company)

1000 Milwaukee Avenue, 5th Floor
(Address)

Glenview, IL 60025
(City/state and zip code)

For further information concerning this matter, please call:

Ms. Alison J. Sagami at (847) 953-1514
(Name of 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
409 E. Gaines Street
Tallahassee, FL 32399

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)

FILED
03 JUN 11 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

804972
(Document number of corporation (if known))

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

2. Illinois
(Incorporated under laws of)

3. December 3, 1938
(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? April 1, 2003

5. Virginia Surety Company, 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)

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

N/A
(New duration)

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

N/A
(New jurisdiction)

(Signature of the chairman or vice chairman of the board, president, or any officer, or if the corporation is in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary)

6-5-03
(Date)

Ronald D. Markovits
(Typed or printed name)

Vice President and Secretary
(Title)

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 Department of Insurance.

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

Date: APR 9 2003

J. Anthony Clark
Director of Insurance

STATE OF ILLINOIS

DEPARTMENT OF INSURANCE

Amended Certificate of Authority

Whereas, the VIRGINIA SURETY COMPANY, INC.
(f/k/a COMBINED SPECIALTY INSURANCE COMPANY)

located at COUNTY OF COOK, in the State of **Illinois** has complied with all the requirements 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 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 STATE OF ILLINOIS

In Testimony Whereof, I hereto set my hand and cause to be affixed the Seal of my office. Done at the City of Springfield, this 1st day of April, 20 03.

J. Anthony Clark
Director of Insurance

J. Anthony Clark,

Blank #87B-Certificate of Authority-Domestic Companies
IL446-0051 (Rev. 8/99)