



Allstate.

You're in good hands.

838693

August 9, 2001

Victoria L. Snisko
Senior Legal Assistant

Law & Regulation
Corporate Law

Florida Department of State
Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

700004552567--5
-08/23/01--01064--013
*****35.00 *****35.00

700004552567--5
-08/23/01--01064--014
*****8.75 *****8.75

RE: Allstate Fire and Casualty Insurance Company
(f/k/a Forestview Mortgage Insurance Co.)
Employer ID #94-2199056

Dear Ladies and Gentlemen:

Please be advised that effective March 28, 2001 the Company was redomesticated from California to Illinois, and its name was changed to Allstate Fire and Casualty Insurance Company. The address and phone number for the above company is 2775 Sanders Road, Northbrook, Illinois, 60062 (847.402.5000). In connection therewith, enclosed are the following documents:

1. Application by Foreign Profit Corporation to File Amendment
2. Two checks in the amounts of \$35.00 and \$8.75.

I would appreciate your issuing a new Certificate of Status and returning it to me as soon as possible. Should you have any questions, please feel free to contact me. Thank you for your assistance in this matter.

Sincerely,

Victoria L. Snisko
Enclosures

NC
9-7-01
PKS

cc: Kristine Leston

FILED
01 SEP -7 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

August 28, 2001

ALLSTATE INSURANCE COMPANY
ATTN: VICTORIA L. SNISKO
2775 SANDERS ROAD, A2
NORTHBROOK, IL 60062

SUBJECT: FORESTVIEW MORTGAGE INSURANCE CO.
Ref. Number: 838693

We have received your document for FORESTVIEW MORTGAGE INSURANCE CO. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

An original, duly authenticated certificate from the state of incorporation/organization evidencing the amendment, must be submitted with the application. The certificate must have been issued within the past 90 days.

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) 245-6957.

Doug Spitler
Document Specialist

Letter Number: 401A00048944

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)

1. Forestview Mortgage Insurance Co.
Name of corporation as it appears on the records of the Department of State.
2. California
Incorporated under laws of
3. 6/30/77
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? 3/28/01
5. Allstate Fire and Casualty 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.
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.
Illinois
New Jurisdiction

FILED
01 SEP -7 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Kristine E. Leston
Signature

Kristine E. Leston
Typed or printed name

6/29/01
Date

Assistant Secretary
Title



STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
320 WEST WASHINGTON STREET
SPRINGFIELD, ILLINOIS 62767



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 27 2001

Nat Shapo
Director of Insurance

STATE OF ILLINOIS

DEPARTMENT OF INSURANCE



Amended Certificate of Authority

Whereas, the ALLSTATE FIRE AND CASUALTY INSURANCE COMPANY
(Formerly FORESTVIEW MORTGAGE INSURANCE CO.)

located at TOWNSHIP OF NORTHFIELD, COUNTY OF COOK, in the State of Illinois
(Formerly Rancho Cordova, California)
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), (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. Effective March 28, 2001.



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 16th day of
April, 2001.

Nat Shapo
Nathaniel S. Shapo, Director of Insurance