

853786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

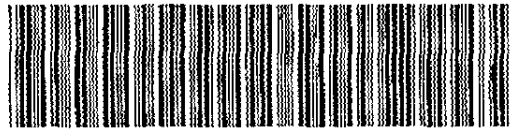
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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~~US 11/13/13~~
Amend

MAR 6 2013

T: 904 487 2000

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Universal Underwriters Insurance Company
(Name of Corporation)

DOCUMENT NUMBER: 853786

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robyn Bruns

(Name of Person)

Zurich North America

(Firm/Company)

1400 American Lane, T1/F14

(Address)

Schaumburg, IL 60196

(City/State and Zip code)

For further information concerning this matter, please call:

Robyn Bruns

(Name of Person)

at (847) 944-2471

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

\$35 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
2661 Executive Center Circle
Tallahassee, FL. 32301

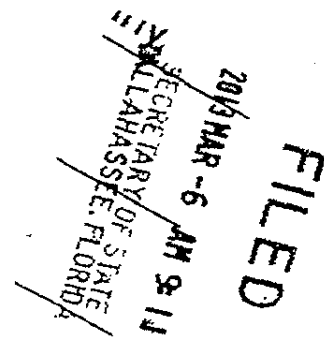
Robyn Bruns
Paralegal



February 26, 2013

VIA COURIER

FLORIDA DEPARTMENT OF STATE
AMENDMENT SECTION
DIVISION OF CORPORATIONS
2661 EXECUTIVE CENTER CIRCLE
TALLAHASSEE, FL 32301



ATTN: LEE HILL

RE: **REDOMESTICATION OF UNIVERSAL UNDERWRITERS INSURANCE
COMPANY & UNIVERSAL UNDERWRITERS OF TEXAS INSURANCE
COMPANY TO ILLINOIS**

Dear Mr. Hill,

I am enclosing the below documents in order to process the redomestication of Universal Underwriters of Insurance Company ("UUIC") from Kansas to Illinois and Universal Underwriters of Texas Insurance Company ("UUT") from Texas to Illinois, effective 12/31/12.

Zurich North America

Zurich Towers
1400 American Lane, T1-F4
Schaumburg, Illinois
60196-1056

Direct Dial: 847-944-2471
Fax: 847-605-4356

Robyn.Bruns@zurichna.com

- A completed cover letter for UUIC for the Application by Foreign Corporation for Withdrawal of Authority to Transact Business or Conduct Affairs in Florida for UUIC
- A completed Application by Foreign Corporation for Withdrawal of Authority to Transact Business or Conduct Affairs in Florida for UUIC
- An original copy of the Certificate of Compliance issued by the domiciliary state of Illinois Department of Insurance for UUIC
- A check in the amount of \$35.00 for the withdrawal fee for UUIC
- A completed cover letter for UUIC for the Application by Foreign Corporation for Authorization to Transact Business in Florida
- A completed Application by Foreign Corporation for Authorization to Transact Business in Florida
- A check in the amount of \$70.00 to cover the fee to re-qualify in FL for UUIC
- A copy of the approval from the Florida Department of State that we are current on our annual report for UUIC
- A completed cover letter for UUT for the Application by Foreign Corporation for Withdrawal of Authority to Transact Business or Conduct Affairs in Florida for UUT
- A completed Application by Foreign Corporation for Withdrawal of Authority to Transact Business or Conduct Affairs in Florida for UUT
- An original copy of the Certificate of Compliance issued by the domiciliary state

of Illinois Department of Insurance for UUT

- A check in the amount of \$35.00 for the withdrawal fee for UUT
- A completed cover letter for UUT for the Application by Foreign Corporation for Authorization to Transact Business in Florida
- A completed Application by Foreign Corporation for Authorization to Transact Business in Florida
- A check in the amount of \$70.00 to cover the fee to re-qualify in FL for UUIC
- A copy of the approval from the Florida Department of State that we are current on our annual report for UUT

Please send the certificate certifying that this request has been completed directed back to my attention at the address shown on this cover letter. Please reach out to me if you have any questions.

Very truly yours,



Robyn Bruns

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)

853786

(Document number of corporation (if known))

1. Universal Underwriters Insurance Company

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

2. Kansas

(Incorporated under laws of)

3. 01/06/1999

(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? _____

5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(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.

Illinois- effective 12/31/2012

(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)

Dennis F. Kerrigan, Jr.

(Typed or printed name of person signing)

Corporate Secretary

(Title of person signing)

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TALLAHASSEE, FLORIDA



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 Illinois Department of Insurance.

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

Date: JAN 29 2013 Andrew Brown
 Director of Insurance TMS

**ARTICLES OF REORGANIZATION
OF
UNIVERSAL UNDERWRITERS INSURANCE COMPANY**

ARTICLE I

The name of the company is:
UNIVERSAL UNDERWRITERS INSURANCE COMPANY

ARTICLE II

The principal office of the Company is to be located in the Village of Schaumburg, County of Cook, and State of Illinois, and it shall have power to conduct its business wherever authorized by law.

ARTICLE III

The duration of the Company shall be perpetual.

ARTICLE IV

The object and purposes of the Company are:

- (1) To transact the kinds of insurance business specified in the following clauses of Class 2 and of Class 3 of Section 4 of the Illinois Insurance Code:

Class 2. Casualty, Fidelity and Surety.

- (a) Accident and Health
- (b) Vehicle
- (c) Liability
- (d) Workers' Compensation
- (e) Burglary and Forgery
- (f) Glass
- (g) Fidelity and Surety
- (h) Miscellaneous
- (i) Other Casualty Risks

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government of its officers, the regulation and conduct of its affairs and the transfer of its capital stock, and shall have the power to alter, amend, suspend or add to the same.

The board of directors shall have the power from time to time to permit holders of insurance policies issued by the Company to participate in the profits of its operations through the payment of dividends to such policyholders in such manner and upon such terms and conditions as shall be prescribed by law and as the directors shall determine.

ARTICLE VI

The Company shall be authorized to issue fifty thousand (50,000) shares of stock with a par value of three hundred dollars (\$300.00), amounting in the aggregate to fifteen million dollars (\$15,000,000). The number of issued and outstanding shares as of the time of the adoption of these Articles of Reorganization is forty nine thousand eight hundred sixty nine (48,869) shares representing a paid up capital of fourteen million nine hundred sixty thousand seven hundred dollars (\$14,960,700).

The board of directors shall have the power, by appropriate resolution to authorize the issuance or sale from time to time of the whole or any part of said shares of authorized but unissued common shares as additions to paid-up capital pursuant to permits issued from time to time by the Director of Insurance of the State of Illinois.

ARTICLE VII

The Company may at any time avail itself of any additional privileges permitted to it by law in the manner thereby provided including, but not limited to, the transacting of such insurance or other business as a stock multiple line insurance company now is or hereafter may be permitted to transact under the insurance law and for which the Company shall have the required capital and surplus.

The Company shall be bound by the terms and provision of the Illinois Insurance Code applicable to similar domestic companies organized or incorporated thereunder.

Dated this 11th day of December, 2012.

UNIVERSAL UNDERWRITERS INSURANCE COMPANY

By: [Signature]
Dennis P. Kerrigan, Jr.
Corporate Secretary

By: [Signature]
Nancy Mueller
President

(Corporate Seal)

OATH AND ACKNOWLEDGMENT

STATE OF ILLINOIS)
) SS.
COUNTY OF COOK)

I, Jennifer Smith, a Notary Public do hereby certify that on the 11th day of December, 2012, Dennis Kerrigan and Nancy Mueller personally appeared before me and being first duly sworn by me severally acknowledged that they signed the foregoing document in the capacities therein set forth and declared that the statements therein contained are true.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year above written.

[Signature]
Notary Public

To be effective December 31, 2012.
Approved 12-19-12
State of Illinois
Department of Insurance
By [Signature]
DIRECTOR OF INSURANCE

JENNIFER M SMITH
MY COMMISSION EXPIRES
JULY 27, 2015



STATE OF ILLINOIS
 DEPARTMENT OF INSURANCE
 300 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 Illinois Department of Insurance.

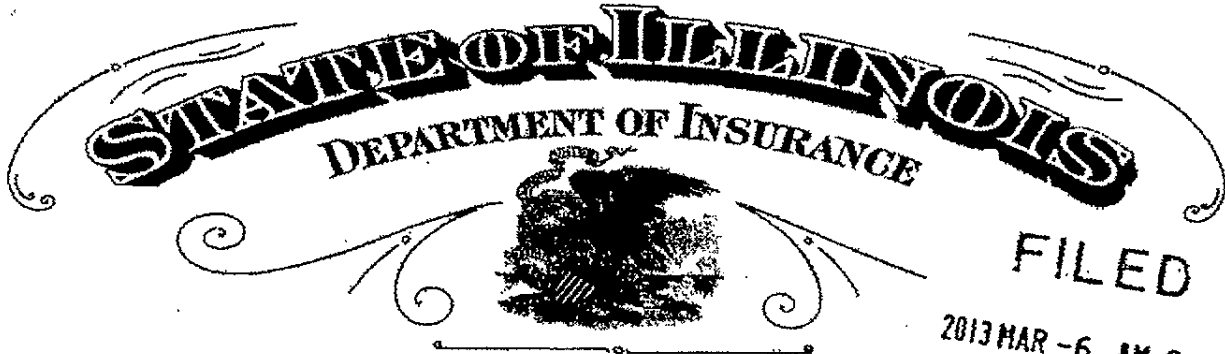
In witness whereof, I hereto set my hand and cause to be affixed this Seal in Springfield, Illinois.

Date: MAR 14 2013 
 Director of Insurance M.W.S.



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IL446-0135 (6/09)



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AMENDED CERTIFICATE OF AUTHORITY

Whereas, the UNIVERSAL UNDERWRITERS INSURANCE COMPANY
located at Village of Schaumburg, 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, to be effective December 31, 2012.

DEPARTMENT OF INSURANCE of the State of
Illinois;

DATE: 12-19-12

Andrew Boron /m ro
ANDREW BORON
DIRECTOR OF INSURANCE

