

FOI 0000003514 4.

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROFESSIONAL LIFE & casualty company
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Roy E. Gill

(Name of Person)

200004450062--5

(Firm/Company)

-06/28/01--01083--004
*****78.75 *****78.75

7238 E. Montebello Ave

(Address)

Scottsdale, AZ 85250

(City/State and Zip code)

For further information concerning this matter, please call:

Roy E. Gill

(Name of Person)

at (480) 607-1602

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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

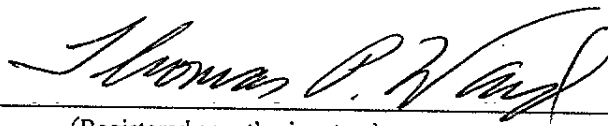
*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. PROFESSIONAL LIFE & CASUALTY 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. ILLINOIS 3. 36-0761133
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. November 3, 1955 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification."
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.))
7. 20 N. Wacker Drive, Suite 3110, Chicago, IL 60606
(Principal office address)
20 N. Wacker Drive, Suite 3110, Chicago, IL 60606
(Current mailing address)
8. Life and health insurer
(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: THOMAS P. WARD
Office Address: 7731 SE GOLFHOUSE DRIVE
HOBE SOUND, Florida 33455
(City) (Zip code)

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TALLAHASSEE, FLORIDA

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)

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 business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Robert Blake Bruce

Address: 20 N. Wacker Drive, Suite 3110

Chicago, IL 60606

Directors: Paul Fredrick Nord and Mary Therese Martinez

Address: 20 N. Wacker Drive, Suite 3110

Chicago, IL 60606

Director: Judith Marie Majko and Robert Jeffrey Bruce

Address: 20 N. Wacker Drive, Suite 3110

Chicago, IL 60606

Director: _____

Address: _____

B. OFFICERS

President: Paul Fredrick Nord

Address: 20 N. Wacker Drive, Suite 3110

Chicago, IL 60606

Vice President: Judith Marie Majko

Address: 20 N. Wacker Drive, Suite 3110

Chicago, IL 60606

Secretary: Thomas Patrick Ward

Address: 20 N. Wacker Drive, Suite 3110, Chicago, IL 60606

Treasurer: Robert Blake Bruce

Address: 20 N. Wacker Drive, Suite 3110, Chicago, IL 60606

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

13. Judith M. Majko

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

14. Judith Marie Majko, Vice President

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

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TALLAHASSEE, FLORIDA

STATE OF ILLINOIS

DEPARTMENT OF INSURANCE



Whereas, the PROFESSIONAL LIFE & CASUALTY COMPANY

located at CHICAGO 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 that the said Company is authorized to transact its appropriate business as set forth under Clause(s) (a) Life and (b) Accident & Health of Companies

of Section 4 of the "Illinois Insurance Code" in this State, in accordance with the laws thereof.



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 5th day of JANUARY, 2001.

Nat Shapo
Nathaniel S. Shapo, Director of Insurance

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SECRETARY OF STATE
ALBANY, FLORIDA