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801 Pennsylvanio Avenue, NW
WASPINGTON DC 20004
T2021393-1132
fax (2021393-13259

Reply to: Tallahassee Office

July 10, 2001

Via Messenger Delivery

Registration Section Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Re:

Unitrin Direct Insurance Company

900004467509----07/10/01--01056--006 *****78.75 ******78.75

Dear Sir/Madam:

Enclosed please find a completed and signed Application by Foreign Corporation for Certificate of Authorization to Transact Business in Florida for the referenced corporation. We have also enclosed a Certificate of Compliance from the Illinois Department of Indurance and a check in the amount of \$78.75 for the filing fee and Certificate of Status.

Please process this application as quickly as possible and return certification of the company's good standing to do business in Florida to the address specified on the enclosed transmittal letter. Please do not hesitate to contact me if you have any questions.

Very truly yours,

Junious D. Brown III

Enclosures

cc:

Gretchen Wilson Paul A. Zeigler, Esq.

BK

TRANSMITTAL LETTER

TO: Registration Section	4.0 9
Division of Corporations	一 是第 上 工
SUBJECT: Unitrin Direct Insurance Company	- PA
(Name of corporation - must include suffix)	
Dear Sir or Madam:	EST TO THE
The enclosed "Application by Foreign Corporation for Authorization to Transact Busin "Certificate of Existence", and check are submitted to register the above referenced for to transact business in Florida.	ness in Floriday 23
Please return all correspondence concerning this matter to the following:	
Mark Shamburg	
(Name of Person)	
Unitrin Direct Insurance Company	
(Firm/Company)	
2790 Business Park Drive	
(Address)	
a 00000	
Vista, CA 92083 (City/State and Zip code)	
(Ozij/Dillio ald Dip Gold)	
For further information concerning this matter, please call:	
Mark Shamburg at (760) 597 - 4638	· .
(Name of Person) (Area Code & Daytime Telephone No	ımber)
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	
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy	887.50 Filing Fee, Certificate of Status & Certified Copy

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. Unitria	Direct Insurance Company				
words or abbre	oration; must include the word "INCORPOF viations of like import in language as will cl or parmership if not so contained in the name	early i	idicate that it is a corporation		2
2. Illinois	•	3	36–4013825	AH.	
	ry under the law of which it is incorporated	`_		if applicable)	5 m
4. March 21	, 1995	5.	Perpetual	H ₂	골디
(Da	te of incorporation)	_	Duration: Year corp. will c	ease to exist or "perpe	mal ij
6. May 2001				RIOA	r ^h ex
(Date first trans	acted business in Florida. If corporation ha			insert "upon qualifica	nion.")
	(SEE SECTIONS 607.	1501,6	07.1502 and 817.155, F.S.)		
7. 2790 Bus	siness Park Drive, Vista, CA	920	83		
	(Principal office				<u></u>
SAME AS	ABOVE				
-	(Current mailing	addre	s)		
8Insurance	:e				<u> </u>
(Purpose	(s) of corporation authorized in home state	or com	try to be carried out in state	of Florida)	
O Maria and at	reet address of Florida registered ago	A	O Box or Mail Drop Ro	or NOT occentable)	
9. Name and se	teet andress of Plottes tegistered age	ш. (.	.O. DOX Of Man Diop De	x inor acceptable)	
Name:	CT Corporation System				
Office Address:	1200 South Pine Island Roa	d			
	Plantation		, Florida 33324		
	(City)		(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.

Christine M. Eastwine
Assistant Secretary
(Registered agenr'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:

Α.	DIRECTORS
----	-----------

nirman: _	Donald G. Southwell
iress: _	One East Wacker Drive, Chicago, Illinois 60601
<u></u>	
c Chairn	an: N/A
	THE T
oress: _	ASS.
	Powid F Bengston
ector: _	DAVIO F. Dengaton
ldress: _	One East Wacker Drive, Chicago, Illinois 60601
rector:	Eric I. Draut
	Things 60601
ldress: _	ORC RECT WATER
OFFI	Lawrence J. Sundram
dd re ss: .	2790 Business Park Drive, Vista, California 92083.
ice Presi	dent: Phillip G. Gibson
.ddress:	2790 Business Park Drive, Vista, California 92083
ccretary:	Lizabeth F. Davis
ddress:	2790 Business Park Drive, Vista, California 92083
reasurci	Lizabeth F. Davis
Address:	2790 Business Park Drive, Vista, California 92083
(500	attached sheet for additional officers.)
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)
	Lawrence J. Sundram, President
14	(Typed or printed name and capacity of person signing application)

(Continued)

12. Names and business addresses of officers and/or directors:

A. DIRCTORS

Director:

Lawrence J. Sundram

Address:

2790 Business Park Drive, Vista, California 92083

Director:

Richard C. Vie

Address:

One East Wacker Drive, Chicago, Illinois 60601

B. OFFICERS

Vice President: James B. Kennedy

Address:

2790 Business Park Drive, Vista, California 92083

Vice President: Brian R. Crumbaker

Address:

2790 Business Park Drive, Vista, California 92083



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 the said Company is authorized 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.



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 28th day of June. 2001.

Nathaniel S. Shapo

Director