

FOI 0000065185

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eagle Pacific Insurance Company

(Name of corporation - must include suffix)

300004620273--2
-10/02/01--01050--012
*****78.75 *****78.75

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:

D. Drue Wax

(Name of Person)

The Kemper Insurance Companies

(Firm/Company)

One Kemper Drive

(Address)

Long Grove, Illinois 60049

(City/State and Zip code)

For further information concerning this matter, please call:

D. Drue Wax

(Name of Person)

at (847) 320-4799

(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

**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. Eagle Pacific Insurance 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. Washington 3. 91-1043947
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7/1/78 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. Upon qualification and upon receipt of license from Florida Department of Insurance
(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. 2101 4th Avenue, Suite 1700, Seattle, WA 98121
(Principal office address)
2101 4th Avenue, Suite 1700, Seattle, WA 98121
(Current mailing address)
8. To transact the business of property-casualty insurance.
(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: Judy Blancett c/o Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(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.

Judy Blancett
(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: William D. Smith

Address: One Kemper Drive
Long Grove, Illinois 60049

Vice Chairman: _____

Address: _____

Director: Mural R. Josephson

Address: One Kemper Drive
Long Grove, Illinois 60049

Director: John G. Pasqualetto

Address: One Kemper Drive
Long Grove, Illinois 60049

B. OFFICERS

President: John G. Pasqualetto

Address: One Kemper Drive
Long Grove, Illinois 60049

Vice President: Robert P. Hames

Address: One Kemper Drive
Long Grove, Illinois 60049

Secretary: John K. Conway

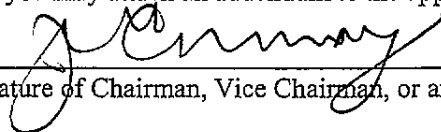
Address: One Kemper Drive, Long Grove, Illinois 60049

Treasurer: Eric M. Juarez

Address: 681 S. Parker Street., Suite 200, Orange, CA 92868

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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)

14. John K. Conway, Secretary
(Typed or printed name and capacity of person signing application)

Additional Eagle Pacific Insurance Company Officers

Name and Title

Address

Richard J. Gergasko – Executive Vice President

2101 4th Avenue, Suite 1700
Seattle, WA 98121

Richard W. Seelinger – Senior Vice President

2101 4th Avenue, Suite 1700
Seattle, WA 98121

Bret A. Conklin – Vice President

One Kemper Drive
Long Grove, IL 60049

Robert A. Daniel – Vice President

One Kemper Drive
Long Grove, IL 60049

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF WASHINGTON



OFFICE OF
INSURANCE COMMISSIONER

No. 251

I, MIKE KREIDLER, State Insurance Commissioner, do hereby certify that I am the state official charged with the general control and supervision of all insurance business (except State Workers' Compensation) transacted in the State of Washington and charged with the administration of the laws relating to insurance in said jurisdiction, and that this office is a department of record, having custody of original documents.

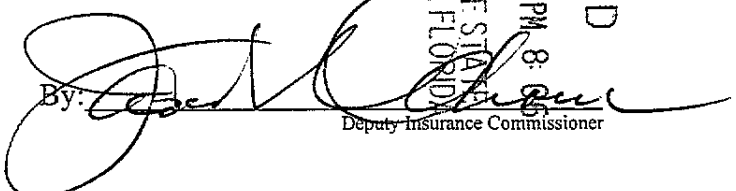
*I FURTHER CERTIFY That the attached is a full, true, and accurate copy of Certificate of Authority No. 1192 , issued to **EAGLE PACIFIC INSURANCE COMPANY**, as filed in the Office of Insurance Commissioner for the State of Washington.*

AND I FURTHER CERTIFY That this Certificate of Authority is a continuous one and remains in effect until such time as it is either revoked or withdrawn, subject to the timely payment of annual license fees.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Insurance Commissioner of the State of Washington, this 28th day of September, 2001.

MIKE KREIDLER
Insurance Commissioner

By: 
Deputy Insurance Commissioner

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SECRETARY OF STATE