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Florida Department of State
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FOREIGN PROFIT QUALIFICATION

Encompass Floridian Indemnity Company

Certificate of Status	1
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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. Encompass Floridian Indemnity Company

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Illinois

(State or country under the law of which it is incorporated)

3. 20-1110680

(FEI number, if applicable)

4. May 3, 2004

(Date of incorporation)

5. Perpetual

(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 817.133, F.S.)

7. 2775 Sanders Road, Northbrook, IL 60062-6127

(Principal office address)

3075 Sanders Road, Suite H1A, Northbrook, IL 60062-7137

(Current mailing address)

8. property and casualty insurance company

(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: (F.O. Box or Mail Drop Box NOT acceptable)

Name: CT Corporation System

Office Address: 1200 S. Pine Island Road

Plantation

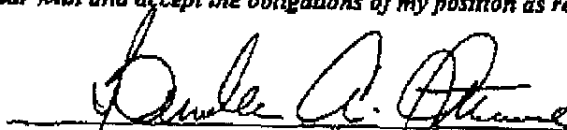
(City)

Florida 33324

(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.



(Registered agent's signature)

Beverlee Stupers
Assistant Secretary

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:

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A. DIRECTORSChairman: SEE ATTACHMENT FOR COMPLETE LIST OF OFFICERS AND DIRECTORS OF:Address: Encompass Florida Indemnity Company2775 Sanders Road, Northbrook, IL 60062-6127

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. *Kristine E. Leaton*

(Signature of Director or Officer listed in number 12 of the application)

14. Kristine E. Leaton, Assistant Secretary

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

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OFFICERS AND DIRECTORS OF
Encompass Floridian Indemnity Company
and
Encompass Floridian Insurance Company

2775 Sanders Road
Northbrook, IL 60062-6127
847.402.5000

Directors

Gregory A. Meyer
Steven A. Pettl
Samuel H. Pilch
R. James Young Jr.
Douglas R. Wendt
James P. Zils

Elected Officers

Douglas R. Wendt
Eric A. Simonson
Danny Lyman Hale
Samuel H. Pilch
David Nadig
Karen C. Gardner
Gregory A. Meyer
Jane Larson
James P. Zils

Chairman of the Board and President
Senior Vice President and Chief Investment Officer
Chief Financial Officer
Group Vice President and Controller
Vice President, General Counsel and Secretary
Vice President
Vice President
Vice President
Vice President and Treasurer

Appointed Officers

Joanne M. Derrig
Kristine E. Leston
Mary J. McGinn
Barry S. Paul

Assistant Vice President and Chief Privacy Officer
Assistant Secretary
Assistant Secretary
Assistant Treasurer

SECRETARY OF STATE
TALLAHASSEE, FL 32310

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WHEREAS, the ENCOMPASS FLORIDIAN INDEMNITY COMPANY located at TOWNSHIP OF NORTHFIELD, COUNTY OF COOK 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 the said Company is authorized 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.



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 June, 2004.

Deirdre K. Manna
Deirdre K. Manna
Acting Director of Insurance