FETAD	JO04737
(Requestor's Name) (Address) (Address)	700109742967
(City/State/Zip/Phone #)	09/25/0701004012 **87.50
(Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	NECEIVED 07 SEP 24 PH 4:53 ULT: CUTEURPORATIONS DIVISION CUMPORATIONS TALLAHASSEE, FLORIDA
Office Use Only	OTSEP 24 PH S: 08 SECILE TARY OF STATE. HALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section Division of Corporations

SUBJECT: Unique Insurance 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:

Richard J. Fidei, Esq.

(Name of Person)

Colodny, Fass, Talenfeld, Karlinsky & Abate, P.A.

(Firm/Company)

One Financial Plaza, 23rd Floor, 100 SE 3rd Ave.

(Address)

Fort Lauderdale, FL 33394

(City/State and Zip code)

For further information concerning this matter, please call:

Richard J. Fidei, Esq.

(Name of Person)

at (<u>954</u>) <u>492-4010</u> (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

New Filing Section

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

MAILING ADDRESS:

Enclosed is a check for the following amount:

\$70.00 Filing Fee

Certificate of Status

✓ \$87.50 Filing Fee, Certificate of Status & Certified Copy

FIL-ED 77 SEP 24 PH 5:08

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. Unique Insurance Company

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

(If name unavai	lable in Florida, enter alternate corporate na	ame	adopted for the purpose of transacting busin	ess in Flori	da)	
_{2.} Illinois		3	36-4071650			
(State or country	under the law of which it is incorporated)	- 51	(FEI number, if applicable)			
4. March 21	, 1996	5.	Perpetual			
(Date	e of incorporation)	•	(Duration: Year corp. will cease to exist o	r "perpetua	l")	
6. <u>N/A</u>						
			n Florida, if prior to registration) 502, F.S., to determine penalty liability)			
_{7.} 4245 N. K	nox, Chicago, IL 60641					
	(Principal office	add	ress)			
4245 N. K	nox, Chicago, IL 60641					
	(Current mailing	add	ress)			
8. Writing of	insurance policies		·	T		
(Purpose(s) of corporation authorized in home state of	or co	untry to be carried out in state of Florida)		570	
9. Name and stree	et address of Florida registered agent: ((P.C	Box <u>NOT</u> acceptable)	AHI	SEP	Carta
Name:	Fred E. Karlinsky, Esq.			ARY	24	
Office Address:	100 SE 3rd Ave., 23rd Fl	00	<u>r</u>	no E	PH	j i
·	Fort Lauderdale		, Florida 33394		5: 08	1. ANCIE
	(City)		(Zip code)	DA		

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 geophyte the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 96 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having cestody of corporate records in the jurisdiction under the law of which it is incorporated.

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

٤

A. DIRECTORS
Chairman: N/A
Address:
TEST 20 T
Vice Chairman: N/A
Address:
Fig J. C
Director: Edwin Charles Stetzer
Address: 4245 N. Knox, Chicago, IL 60641
Director: Matthew John Dutkanych
Address: 4245 N. Knox, Chicago, IL 60641
B. OFFICERS
President: Matthew John Dutkanych
A245 N. Know Chinggo II. 60644
Address: 4245 N. KNOX, Chicago, IL 60641
Vice President: Luz Nereida Davila
Address: 4245 N. Knox, Chicago, IL 60641
Secretary: Gregory Handzel
Address: 4245 N. Knox, Chicago, IL 60641
Treasurer: Gerald Lubell
Address: 4245 N. Knox, Chicago, IL 60641
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
(Signature of Director or Officer listed in number 12 of the application)
14. Matthew J. Durkanych, Kesident

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

Unique Insurance Company

Addendum to Application by Foreign Corporation for Authorization to Transact Business in Florida

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

A. Directors

Director:Gregory HandzelAddress:4245 N. Knox, Chicago, IL 60641

Director:Gerald LubellAddress:4245 N. Knox, Chicago, IL 60641

B. Officers

Vice President:	Gregg Allen Schey
Address:	4245 N. Knox, Chicago, IL 60641

Please note that there is no Chairman or Vice-Chairman of the Board.

SEP 24 PM 5:08 [F]



Department of Financial and Professional Regulation Division of Insurance

WHEREAS, the UNIQUE INSURANCE COMPANY located at COOK

COUNTY 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)

(b), (g), (l) of Class 2

(d), (e), (i) of Class 3

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

Date: September 19, 2007



DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION of the State of Illinois;

DIVISION OF INSURANCE

Michael T. McRaith Director