2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 21, 2009
Secretary of State

DOCUMENT# F07000004737

Entity Name: UNIQUE INSURANCE COMPANY

Current Principal Place of Business:

4245 N. KNOX
CHICAGO, IL 60641

New Principal Place of Business:

Current Mailing Address:

4245 N. KNOX
CHICAGO, IL 60641

New Mailing Address:

FEI Number: 36-4071650 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KARLINSKY, FRED E ESQ.
100 SE 3RD AVE., 23RD FLOOR
FT. LAUDERDALE, FL 33394 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: FRED E. KARLINSKY
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	DUTKANYCH, MATTHEW J	
Address:	4245 N. KNOX	
City-St-Zip:	CHICAGO, IL 60641	
Title:	D	( ) Delete
Name:	STETZER, EDWIN C	
Address:	4245 N. KNOX	
City-St-Zip:	CHICAGO, IL 60641	
Title:	V	(X) Delete
Name:	DAVILA, LUZ N	
Address:	4245 N. KNOX	
City-St-Zip:	CHICAGO, IL 60641	
Title:	S	( ) Delete
Name:	HANDZEL, GREGORY	
Address:	4245 N. KNOX	
City-St-Zip:	CHICAGO, IL 60641	
Title:	T	( ) Delete
Name:	LUBELL, GERALD	
Address:	4245 N. KNOX	
City-St-Zip:	CHICAGO, IL 60641	
Title:	V	( ) Delete
Name:	SCHEY, GREGG A	
Address:	4245 N. KNOX	
City-St-Zip:	CHICAGO, IL 60641	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	V	(X) Change ( ) Addition
Name:	CWAN, ERIKA S	
Address:	4245 N. KNOX	
City-St-Zip:	CHICAGO, IL 60641	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW J. DUTKANYCH P 05/21/2009
Electronic Signature of Signing Officer or Director — Date