

Division of Corporations

F2100001601

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To: Division of Corporations
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FOREIGN PROFIT/NONPROFIT CORPORATION

Allstate North American Insurance Company

Certificate of Status	1
Certified Copy	1
Page Count	04
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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. Allstate North American Insurance 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 3. 36-44-2776

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

(FEI number, if applicable)

4. 03/29, 2001

5. _____

(Date of incorporation)

(Date of duration, if other than perpetual)

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2775 Sanders Road, Northbrook, IL 60062

(Principal office street address)

3075 Sanders Road, Suite G4E, Northbrook, IL 60062

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CHIEF FINANCIAL OFFICER

Office Address: 200 E. GAINES ST

TALLAHASSEE, Florida 32399

(City)

(Zip code)

9. 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)

10. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☒ Chairman Name: W. Guy Hill
☐ Vice Chairman Address: 2775 Sanders Road
☒ Director Northbrook, IL 60062
☒ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Rhonda S. Ferguson
☐ Vice Chairman Address: 2775 Sanders Road
☐ Director Northbrook, IL 60062
☐ President _____
☐ Vice President _____
☒ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: Michael W. Demetre
☐ Vice Chairman Address: 2775 Sanders Road
☒ Director Northbrook, IL 60062
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other CFO ☐ Other _____

☐ Chairman Name: Michael A. Pedraja
☐ Vice Chairman Address: 3075 Sanders Road
☐ Director Northbrook, IL 60062
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☒ Treasurer _____
☐ Other _____ ☐ Other _____

☐ Chairman Name: John C. Pintozzi
☐ Vice Chairman Address: 3075 Sanders Road
☒ Director Northbrook, IL 60062
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☒ Other Controller ☐ Other _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary _____ ☐ Treasurer _____
☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. W. Guy Hill
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. W. Guy Hill, Chairman of the Board and President
 (Typed or printed name and capacity of person signing application)



WHEREAS, the ALLSTATE NORTH AMERICAN INSURANCE 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

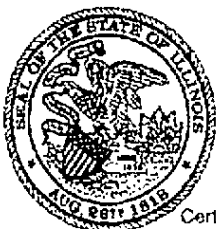
(a), (b), (c), (d), (e), (f), (g), (h), (i) of Class 3

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

DEPARTMENT OF INSURANCE of the State
of Illinois;

DATE: March 18, 2021


DANA POPISH SEVERINGHAUS
ACTING DIRECTOR OF INSURANCE



Certificate of Compliance

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