

P26864

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

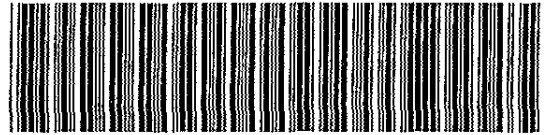
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/5/04
MIC
Amend
B

Sonnenschein
SONNENSCHN NATH & ROSENTHAL LLP

Theresa M. Fitzgerald
415.882.5045
tfitzgerald@sonnenschein.com

685 Market Street
6th Floor
San Francisco, CA 94105
415.882.5000
415.543.5472 fax
www.sonnenschein.com

Chicago
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Short Hills, N.J.
St. Louis
Washington, D.C.
West Palm Beach

December 29, 2003

VIA FEDERAL EXPRESS

PERSONAL AND CONFIDENTIAL

Ms. Susan Payne
Amendment Section
Division of Corporations
Florida Secretary of State
409 E. Gaines Street
Tallahassee, Florida 32399

Re: Kemper Employers Insurance Company - Name Change to SeaBright Insurance Company

Dear Ms. Payne:

Thank you for your telephone call this morning regarding the amendment to Kemper Employers Insurance Company's authorization to transact business in Florida. As we discussed, enclosed is a certified copy of the certificate of authority from the Illinois Department of Insurance reflecting the name change from Kemper Employers Insurance Company to SeaBright Insurance Company. This document includes both the former name and the current name.

Please let me know if you have any questions or if you need anything further. Thank you for your assistance.

Sincerely,


Theresa M. Fitzgerald

Enclosure

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SeaBright Insurance Company, formerly known as Kemper Employers
(Name of corporation) Insurance Company

DOCUMENT NUMBER: P26864

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Theresa M. Fitzgerald

(Name of person)

Sonnenschein Nath & Rosenthal LLP

(Name of firm/company)

685 Market Street, 6th Floor

(Address)

San Francisco, CA 94105

(City/state and zip code)

For further information concerning this matter, please call:

Theresa Fitzgerald

(Name of person)

at (415) 882-5045

(Area code & daytime telephone number)

Enclosed is a check for the following amount:

☐

\$35.00 Filing Fee

☐

\$43.75 Filing Fee &
Certificate of Status

☐

\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☒

\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

P26864

(Document number of corporation (if known))

1. Kemper Employers Insurance Company
(Name of corporation as it appears on the records of the Department of State)
2. Illinois 3. 11/13/1989
(Incorporated under laws of) (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 11/20/03
5. SeaBright Insurance Company
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

John G. Pasqualetto

(Typed or printed name of person signing)

12/08/03
(Date)

President

(Title of person signing)

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03 DEC 30 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



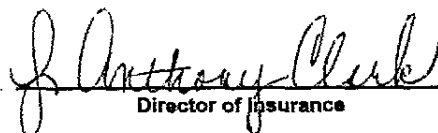
STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
320 WEST WASHINGTON STREET
SPRINGFIELD, ILLINOIS 62767-0001



I, the undersigned, Director of Insurance of the State of Illinois, hereby certify that the document to which this Certification is attached is a true and correct copy of the original now on file in and forming a part of the records of the Department of Insurance.

In witness whereof, I hereto set my hand and cause to be affixed the Seal of my office in Springfield, Illinois.

Date: DEC 4 2003


Director of Insurance

STATE OF ILLINOIS

DEPARTMENT OF INSURANCE



Amended Certificate of Authority

Whereas, the SeaBright Insurance Company
(formerly Kemper Employers Insurance Company)

located at Cook County, in the State of Illinois
has complied with all the requirements of the "Illinois Insurance Code" applicable to said
Company:

NOW, THEREFORE, I, the undersigned, Director of Insurance of the State of Illinois,
do hereby authorize the said Company to transact its appropriate business as set forth
under Clause(s) _____

(a), (b), (c), (d), (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 20th day of
November, 2003

J. Anthony Clark
J. Anthony Clark
Director of Insurance