F00000005354

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Atlantic Specialty 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:

Dafna Kendal, Esq.
(Name of Person)

Atlantic Specialty Insurance Company
(Firm/Company)

Three Giralda Farms
(Address)

Madison, NJ 07940
(City/State/Zip)

600003392436--0
-09/13/00--01102--006
*****87.50 *****87.50

Should you need to call someone concerning this matter, please call:

W-22706

Dafna Kendal at (973) 408-6047
(Name of Person) (Area Code & Daytime Telephone Number)

FILED
00 SEP 26 AM 7:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

mtk
9/26

Enclosed is a check for the following amount:

☐ $70.00 Filing Fee ☐ $78.75 Filing Fee & Certificate of Status ☐ $78.75 Filing Fee & Certified Copy ☒ $87.50 Filing Fee, Certificate of Status & Certified Copy

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 18, 2000

DAFNA KENDAL
ATLANTIC SPECIALTY INSURANCE
THREE GIRALDA FARMS
MADISON, NJ 07940

SUBJECT: ATLANTIC SPECIALTY INSURANCE COMPANY
Ref. Number: W00000022700

We have received your document for ATLANTIC SPECIALTY INSURANCE COMPANY and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The date first transacted business in Florida within the meaning of s. 607.1501 or 608.501, F.S., must be set forth in section 6 of the application. If the corporation/limited liability company has not yet transacted business in Florida within this meaning, please insert the words "upon qualification" in lieu of a date. (Note: Pursuant to s. 607.1502(4), F.S., this office collects a civil penalty of $1000 for each year other than the application filing year, that a foreign corporation or limited liability company transacts business in this state without authority along with the past annual report/uniform business report fees due this office.)

Their is an additional page which consist of officers that was not enclosed with your application please complete and return.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays
Document Specialist

Letter Number: 200A00049004

FILED
00 SEP 26 AM 7:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. Atlantic Specialty Insurance Company
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. New York
(State or country under the law of which it is incorporated)

3. 13-3362309
(FEI number, if applicable)

4. June 27, 1986
(Date of incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 100 Wall Street
New York, NY 10005
(Current mailing address)

8. Property & Casualty Insurance
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

FILED
00 SEP 26 AM 7:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. **Name and street address of Florida registered agent:** (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: David M. Gutman

Office Address: Atlantic Specialty Insurance Company, Tampa Oaks One
100 Tampa Oaks Blvd, Suite 245
Temple Terrace, Florida, 33637
(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.

David M. Gutman
(Registered agent's signature)

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 addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Klaus Dorfi

Address: 100 Wall Street

New York, New York 10005-3701

President:
~~Vice Chairman~~: Kermit Smith

Address: 100 Wall Street

New York, New York 10005-3701

Director: Kenneth Gorman

Address: 100 Wall Street

New York, New York 10005-3701

Director: John C. Bacot

Address: 100 Wall Street

New York, New York 10005-3701

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Kermit Smith

Address: 100 Wall Street

New York, New York 10005-3701

enior Vice President: Robert Himmer

Address: 100 Wall Street

New York, New York 10005-3701

Secretary: Nancy Hahon

Address: 100 Wall Street

New York, New York 10005-3701

Treasurer: Michael Banks

Address: 100 Wall Street

New York, New York 10005-3701

FILED
00 SEP 26 AM 7:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

13. _____
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Kermit C. Smith, President
(Typed or printed name and capacity of person signing application)

Listing of Directors and Principal Officers

Officers

Klaus G. Dorfi, Chairman of the Board
Kermit C. Smith, President
John W. Hahn, Executive Vice President
Cornelius E. Golding, Senior Vice President and Chief Financial Officer
Theodore R. Henke, Senior Vice President and Corporate Counsel
Robert G. Himmer, Senior Vice President
Randolph J. Smith, Senior Vice President
Thomas P. Gorke, Senior Vice President

Directors

John C. Bacot
William R. Chaney
Jill M. Considine
Edmund V. Conway
Salvatore R. Curiale
Hugh A. D'andrade
Klaus G. Dorfi
Terrence M. Farley
Jarobin Gilbert, Jr.
Kenneth J. Gorman
James D. Hammond
Dan F. Huebner
Eugene R. McGrath
Henry M. Schwarz
Kermit C. Smith
Lloyd G. Waterhouse

Certificate of Good Standing

STATE OF NEW YORK

INSURANCE DEPARTMENT

It is hereby certified that

ATLANTIC SPECIALTY INSURANCE COMPANY

of New York, New York

was incorporated under the Laws of the State of New York on June 27, 1986, under the title of ATLANTIC REINSURANCE COMPANY and was licensed to transact insurance business in the State of New York on December 24, 1986 ;
that it changed its name to ATLANTIC SPECIALTY INSURANCE COMPANY on February 15, 1995.

IT IS HEREBY FURTHER CERTIFIED that the aforesaid Company is duly authorized in the State of New York to transact the business of accident and health, fire, miscellaneous property, water damage, burglary and theft, glass, boiler and machinery, elevator, animal, collision, personal injury liability, property damage liability, workers' compensation and employers' liability, fidelity and surety, credit, motor vehicle and aircraft physical damage, marine and inland marine, marine protection and indemnity, gap, prize indemnification and service contract reimbursement insurance as specified in the paragraph(s) 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 19, 20, 21, 26(A)(B)(C)(D), 27 and 28 of Section 1113(a) of the New York Insurance Law, and also such workers' compensation insurance as may be incident to coverages contemplated under paragraphs 20 and 21 of Section 1113(a), including insurances described in the Longshoremen's and Harbor Workers' Compensation Act (Public Law No. 803, 69 Cong. as amended; 33 USC Section 901 et seq. as amended) , and as authorized by Section 4102(c), reinsurance of every kind or description and has been continuously licensed and remains in good standing to the date of this certificate.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of this Department at the City of Albany, New York, this
28th day of August, 2000

NEIL D. LEVIN
Superintendent of Insurance

BY Barbara E Chelen

Special Deputy Superintendent

FILED
00 SEP 26 AM 7:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA