

FD1000000266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

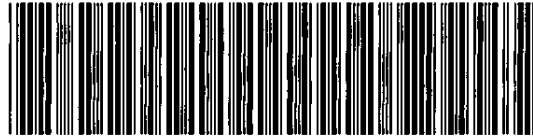
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
07 JUL 31 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name
change

SR



July 10, 2007

Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302-1500

**Re: Praetorian Specialty Insurance Company
Annual Report**

Dear Sir / Madam:

Enclosed you will find the annual report for Praetorian Specialty Insurance Company formerly known as Alea North America Specialty Insurance Company. Also enclosed is a copy of the application to change the name with the Florida Division.

Please do not hesitate to contact me if you require any additional information.

Regards,

A handwritten signature in black ink, appearing to read "Jason Anderson". The signature is fluid and cursive, with a long horizontal stroke at the end.

Jason Anderson
Administration Manager

QBE the Americas
Wall Street Plaza
88 Pine Street, 16th Floor
New York, New York 10005
T: 212-805-9885
F: 212-422-1313

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)

F0100000266
(Document number of corporation (if known))

1. Alea North America Specialty Insurance Company
(Name of corporation as it appears on the records of the Department of State)
2. Delaware (Incorporated under laws of)
3. 11/11/2001 (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? October 3, 2006

5. Practorian Specialty 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)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

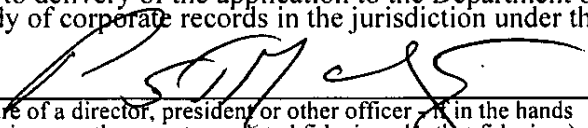
6. If the amendment changes the period of duration, indicate new period of duration.

N/A
(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

N/A
(New jurisdiction)

8. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.


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

Peter T Maloney
(Typed or printed name of person signing)

General Counsel
(Title of person signing)

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TALLAHASSEE, FLORIDA

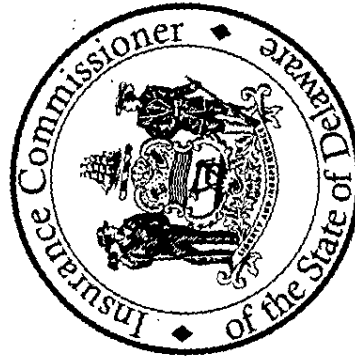
CERTIFIED CERTIFICATE OF AUTHORITY

I, **Matthew Denn**, Insurance Commissioner of the State of Delaware, do hereby certify that the attached Delaware Certificate of Authority No. 4622P, dated October 12, 2006, issued to

PRAETORIAN SPECIALTY INSURANCE COMPANY

is a true and correct copy of the document on file with this Department.

In ~~Witness~~ ^{Whereof}, I have hereunto set my hand and affixed the official seal of this Department at the City of Dover, this 10th day of July, 2007.



A stylized handwritten signature in black ink, appearing to read "Matthew Denn".

Matthew Denn
Insurance Commissioner

Nº 4622 P

Annual Continuation Fee
\$100.00

State of Delaware



Department of Insurance

Certificate of Authority to Insurance Company

This Certifies that subject to and in accordance with the laws of this State,

The **PRAETORIAN SPECIALTY INSURANCE COMPANY**

1209 Orange Street, Wilmington, DE 19801

of **Administrative/Mailing: 7 Times Square, New York, NY 10036**

Incorporated or Organized on **August 16, 1991** in **Delaware**

as a **Stock** insurer is hereby authorized to transact the business of

Property, Surety, Marine & Transportation, Casualty, including: Vehicle,

Liability, Burglary & Theft, Personal Property Floater, Glass, Boiler &

Machinery, Credit, Workers' Compensation & Employers' Liability, Leakage &

Fire Extinguisher Equipment, Malpractice, Elevator, Congenital Defects,

Livestock, Entertainments and Miscellaneous

insurance within the State of Delaware as such classes are now or may hereinafter be defined. This Certificate of Authority is the property of the State of Delaware and shall continue in force until terminated, suspended or revoked, subject to requirements for continuation by or on March 1 annually as set forth in the Insurance Laws of the State of Delaware. **Admitted on November 19, 1991. Effective October 2, 2006, Alea North America Specialty Insurance Company changed its name to Praetorian Specialty Insurance Company.**

IN WITNESS WHEREOF, I have
hereunto set my hand and official seal, at Dover,

this **12th** day of **October,** 20 **06**

INSURANCE COMMISSIONER

DEPUTY INSURANCE COMMISSIONER