

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

1490/10/2
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 APR -9 PM 1:59

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000000785

1. Corporation Name

Wellington Specialty Insurance Company

000175145140
04/09/10--01019--025 **1350.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #
160 Greentree Dr.

3. Mailing Office Address
3340 Peachtree Rd. NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 101

Suite 2950

City & State

City & State

Dover, DE

Atlanta, GA

Zip

Country

Zip

Country

19904

USA

30326

USA

4. Date Incorporated or Qualified
To Do Business in Florida 2/8/2001

5. FEI Number
716053839

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

2731 Executive Park Dr.

Suite, Apt. #, Etc.

Suite 4

City

Weston

State

FL

Zip Code

33331

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Peter F. Souza
Assistant Secretary

Date

4/2/2010

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See Attached		

10. E-mail Address: rachel.witkiewicz@catlin.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing
this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees
owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if
made under oath.

SIGNATURE:

Steven C. Adams, Secretary

3/19/2010

404-443-4947

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CATLIN

CATLIN SPECIALTY INSURANCE COMPANY

PRINCIPAL OFFICERS

TITLE	NAME	BUSINESS ADDRESS	CITY, STATE, ZIP CODE
President/CEO	Richard S. Banas	3340 Peachtree Rd. NE, Suite 2950	Atlanta, GA 30326
Secretary	Steven C. Adams	3340 Peachtree Rd. NE, Suite 2950	Atlanta, GA 30326
Asst. Secretary	Ken Meagher	20 Church St., Suite 2350	Hartford, CT 06103
Sr. VP/CAO	Vincent A. Brazauskas	3340 Peachtree Rd. NE, Suite 2950	Atlanta, GA 30326
Sr. VP/CFO	Peter W. Presperin	3340 Peachtree Rd. NE, Suite 2950	Atlanta, GA 30326
VP – Regulatory Compliance	Penny Foltz	3340 Peachtree Rd. NE, Suite 2950	Atlanta, GA 30326
VP – Human Resources	Thomas Ford	3340 Peachtree Rd. NE, Suite 2950	Atlanta, GA 30326
Sr. VP	William Casey	4250 North Drinkwater, Suite 210	Scottsdale, AZ 85251

BOARD OF DIRECTORS

NAME	BUSINESS ADDRESS	CITY, STATE, ZIP CODE
Richard S. Banas	3340 Peachtree Rd. NE, Suite 2950	Atlanta, GA 30326
Vincent A. Brazauskas	3340 Peachtree Rd. NE, Suite 2950	Atlanta, GA 30326
Peter W. Presperin	3340 Peachtree Rd. NE, Suite 2950	Atlanta, GA 30326
Stephen Catlin	Cumberland House, 6 th Floor, 1 Victoria St.	Hamilton, Bermuda HM 11
Paul Brand	3 Minster Court, Mincing Lane	London, UK EC3R 7DD
Nick Greggains	20 Church Street, Suite 2350	Hartford, CT 06103
Kenneth Meagher	20 Church Street, Suite 2350	Hartford, CT 06103
Joe Horan	47 Maple St.	Summit, NJ 07901

Page 2 of 2