

F10000001596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~W21-14126~~

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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4/2

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Aspen Insurance US Services, Inc.

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," or "Certificate of Good Standing" 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:

Jaime DeCantillon

Name of Person

Aspen Insurance US Services, Inc.

Firm/Company

175 Capital Blvd., Suite 300

Address

Rocky Hill, CT 06067

City/State and Zip code

Compliance@aspenspecialty.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jaime DeCantillon

at (860) 760-7770

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

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
Division of Corporations

March 22, 2010

JAIME DECANTILLION
ASPEN INSURANCE US SERVICES, INC.
175 CAPITAL BLVD. SUITE 300
ROCKY HILL, CT 06067

SUBJECT: ASPEN INSURANCE US SERVICES, INC.
Ref. Number: W10000014126

We have received your document for ASPEN INSURANCE US SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

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) 245-6934.

Loria Poole
Regulatory Specialist II

Letter Number: 610A00006968

**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.*

Aspen Insurance US Services, Inc.

1. _____
(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. DE 3. 32-0085193
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/2/2003 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. No business has been transacted to date
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. Aspen Insurance US Services, Inc., 175 Capital Blvd, Suite 300, Rocky Hill, CT 06067
(Principal office address)
Aspen Insurance US Services, Inc., 175 Capital Blvd, Suite 300, Rocky Hill, CT 06067
(Current mailing address)

8. Services company solely for Aspen group of companies
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

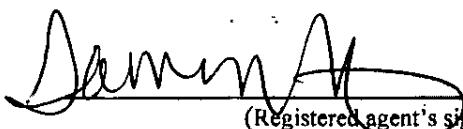
Name: CT Corporation
Office Address: 1200 South Pine Island Rd.
Plantation, Florida 33324
(City) (Zip code)

2010 APR -1 PM 5:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.



TAMMY TOFTEROO
ASSISTANT SECRETARY

(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.

Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Brian Boornazian

Address: 175 Capital Blvd., Suite 300

Rocky Hill, CT 06067

Vice Chairman: William Murray

Address: 3500 Lenox Rd., Suite 1710, Atlanta, GA 30326

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: William Murray

Address: 3500 Lenox Rd, Suite 1710

Atlanta, GA 30326

Vice President: Brian Boornazian

Address: 175 Capital Blvd., Suite 300

Rocky Hill, CT 06067

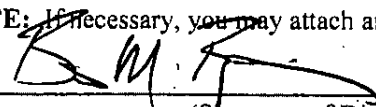
Secretary: Denise Tessier

Address: 175 Capital Blvd., Suite 300, Rocky Hill, CT 06067

Treasurer: John Mark Jones

Address: 175 Capital Blvd., Suite 300, Rocky Hill, CT 06067

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

13. 

(Signature of Director or Officer listed in number 12 of the application)

14. Brian M. Boornazian, EVP

(Typed or printed name and capacity of person signing application)

Aspen Insurance US Services, Inc. Additional Officers

Michael McNamara, Controller
Address: 175 Capital Blvd., Suite 300, Rocky Hill, CT 06067

Joan Jorczak, Co-Treasurer
Address: 175 Capital Blvd., Suite 300, Rocky Hill, CT 06067

John Allen, Executive VP
Address: 3500 Lenox Road, Suite 1710, Atlanta, GA 30326

Robert Clare, Executive VP
Address: 600 Atlantic Avenue Floors 20 & 21, Boston, MA 02110

Nancy Pelgrift, Senior VP
Address: 175 Capital Blvd., Suite 300, Rocky Hill, CT 06067

Joseph Yagey, Chief Operations Officer and Executive VP
Address: 3500 Lenox Road, Suite 1710, Atlanta, GA 30326

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASPEN INSURANCE U.S. SERVICES INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINTH DAY OF MARCH, A.D. 2010.

3663029 8300

100229201



You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7858092

DATE: 03-09-10