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DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

Account Number	FCA00000017		
Date:	5/13/11		
Requestor Name:	Carlton Fields		
Address:	Post Office Drawer 190 Tallahassee, Florida 32302		
Telephone:	(850) 513-3619 - direct (850) 224-1585		
Contact Name:	Kim Pullen, CP, FRP		
Corporation Name:	Berkley Assu	Rance Company	
Email Address:	Sma	lawer owebeckley, con	
Entity Number:	1/		
Authorization:	flm Gulle		
X Certified Copy		Certificate of Status	
New Filings	Plain Stamped Copy	Annual Report	
Fictitious Name	Amendments	Registration	
X) Call When Ready	(X) Call if Problem	() After 4:30	
X) Walk In	() Will Wait	(X) Pick Up	

CF Internal Use Only

Client: 00670 Matter: 52155Name: CB Office: TLH

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File



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 16, 2011

KIM PULLEN, CP, FRP

SUBJECT: BERKLEY ASSURANCE COMPANY

Ref. Number: W11000026798

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

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6928.

Tim Burch Regulatory Specialist II

Letter Number: 811A00012004

STATEMENT OF RELEASE

I, <u>Ira S. Lederman</u>	_, as <u>Senior Vice President and</u>
Secretary of BERKLEY ASSURANCE COMPANY (Doc. #60	69682) hereby state that BERKLEY
ASSURANCE COMPANY (formerly a Florida profit corporation	n) will not be reinstated as a Florida
for profit corporation and hereby release the name for use s	o that such name may be used by
BERKLEY ASSURANCE COMPANY, an Iowa corporation, which	n has filed an application for foreign
corporation qualification in the State of Florida.	

Ira S. Lederman

5/16/2011

Senior Vice President and Secretary

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. Berkley Assurance Company (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) lowa (State or country under the law of which it is incorporated) (FEI number, if applicable) March 28, 2011 5. Perpetual (Duration: Year corp. will cease to exist or "perpetua!") (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7, 11201 Douglas Avenue, Urbandale, Iowa 50322 (Principal office address) 4820 Lake Brook Drive, Suite 100, Glen Allen, VA 23060 (Current mailing address) 8. Transact insurance (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) **CT Corporation** Name: 1200 South Pine Island Road Office Address: , Florida <u>33</u>324 Plantation 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. Juan Grajeda **Assistant Secretary**

11. Attached is a certificate of existence duty anthenticated, 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 business addresses of officers and/or directors:

A. DIRECTORS	
Chairman: William R. Berkley	
Address: 475 Steamboat Road Greenwich, Connecticut 06830	<u>≥</u> % §
	注意
Vice Chairman;	25
Address:	
	17.71
Director: W. Robert Berkley, Jr.	· · · · · · · · · · · · · · · · · · ·
Address: 475 Steamboat Road Greenwich, Connecticut 06830	
Director: Robert C. Hewitt	
Address: 475 Steamboat Road Greenwich, Connecticut 06830	
B. OFFICERS President: W. Robert Berkley, Jr.	
Address: 475 Steamboat Road Greenwich, Connecticut 06830	
Vice President: Robert C. Hewitt	
Address: 475 Steamboat Road Greenwich, Connecticut 06830	
Secretary: Ira S. Lederman (also Senior Vice President)	
Address: 475 Steamboat Road Greenwich, Connecticut 08830	
reasurer: Eugene G. Ballard (also Senior Vice President)	
Address: 475 Steamboat Road Greenwich, Connecticut 06830	
NOTE: If necessary, you may attach an addendum to the application technique additional officers	and/or directors.
3. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms the re true and that he or she is aware that false information submitted in a document to the Depart hird degree felony as provided for in s.817.155, F.S.	
4. Eugene G. Ballard, Senior Vice President and Trea (Typed or printed name and capacity of person signing application)	surer
(+ There or brance man cahacts or betont aftering ablitegion)	

ADDENDUM TO FLORIDA SECRETARY OF STATE APPLICATION FORM # CR2E007 (02/11) RE: BERKLEY ASSURANCE COMPANY DIRECTORS AND OFFICERS

Additional Directors:

Name	Address
Ira S. Lederman	475 Steamboat Road
	Greenwich, Connecticut 06830
Eugene G. Ballard	475 Steamboat Road
	Greenwich, Connecticut 06830

Additional Officers

Name	Title	Address
Dale H. Pilkington	Vice President	4820 Lake Brook Drive
		Suite 100
		Glen Allen, Virginia 23060
Josephine A.	Assistant	475 Steamboat Road
Raimondi	Secretary	Greenwich, Connecticut
		06830
Steven P. Earhart	Assistant	4820 Lake Brook Drive
	Treasurer	Suite 100
		Glen Allen, Virginia 23060
Janet L.	Assistant	7233 East Butherus Drive
Shemanske	Secretary	Scottsdale, Arizona 85260

IOWA SECRETARY OF STATE MATT SCHULTZ



Date: 4/6/2011

CERTIFICATE OF EXISTENCE

THINK 13 PH 45

Name: BERKLEY ASSURANCE COMPANY (490 DP - 414202)

Date of Incorporation: 3/28/2011

Duration: PERPETUAL

I, Matt Schultz, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify that the corporation named on this certificate is in existence and was duly incorporated under the laws of Iowa, that all fees required by the Iowa Business Corporation Act have been paid by the corporation, that the most recent biennial corporate report required has been filed by the Secretary of State, and that articles of dissolution have not been filed.

Certificate ID: CS52254

To validate certificates visit:

www.sos.state.ia.us/ValidateCertificate

Matt Schultz

Iowa Secretary of State