

F 11 00000 3932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

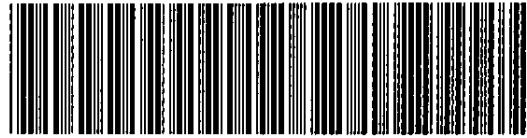
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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J. Shivers 207 69 2099

NORTH SEA

INSURANCE COMPANY®

370 WEST PARK AVENUE
P.O. BOX 9007
LONG BEACH, NY 11561-9007
516-825-2800
Fax: 516-825-1947
www.north-sea-ins.com

September 29, 2011

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

Re: Application by Foreign Corporation for Authorization

To Whom It May Concern:

Enclosed is the Cover Letter, Application, \$70 filing fee and a Certificate of Compliance and Charter certified by the Insurance Department. As a New York domiciled company, the New York Insurance Department authenticates the company's records.

Please direct all correspondence regarding this matter to my attention. Thank you.

Sincerely,



Kathleen Lauro
Licensing Manager
Ext. 3352
klauro@lancer-ins.com

Enc.

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: North Sea 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," 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:

Kathleen Lauro

Name of Person

North Sea Insurance Company

Firm/Company

370 West Park Ave., PO Box 9004

Address

Long Beach, NY 11561-9004

City/State and Zip code

klauro@lancer-ins.com

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

For further information concerning this matter, please call:

Kathleen Lauro

Name of Person

at (516) 431-4441 ext. 3352

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

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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. North Sea Insurance 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)

2. New York

(State or country under the law of which it is incorporated)

3. 11-2510035

(FEI number, if applicable)

4. 12/31/79

(Date of incorporation)

5. Perpetual

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

6. Business will be transacted when authorization is approved.

(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 370 West Park Ave., Long Beach, NY 11561

(Principal office address)

PO Box 9004, Long Beach, NY 11561-9004

(Current mailing address)

8. Insurance company

(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: NRAI Services, Inc.

Office Address: 515 East Park Avenue

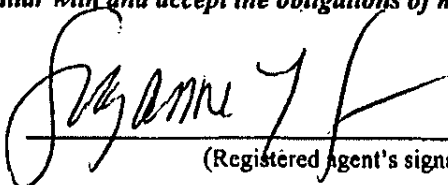
Tallahassee, Florida 32301

(City)

(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.


(Registered agent's signature)

Suzanne T. Cryon,
Asst. Secretary

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.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Please see attachment

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Please see attachment

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. Shirley B. Ortego
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Shirley B. Ortego, Vice President/Assistant Secretary
(Typed or printed name and capacity of person signing application)

DIRECTORS of North Sea Insurance Company

David P. Delaney, Jr.
Timothy D. Delaney
John N. Lombardo
George N. Cochran
Leonard S. Caronia
Robert F. Boyle

OFFICERS of North Sea Insurance Company

President	David P. Delaney, Jr.
Executive Vice President/Chief Underwriting Officer	Wayne S. Ricci
Executive Vice President/Chief Operating Officer	Robert F. Boyle
Executive Vice President/Treasurer/Chief Financial Officer	Alistair T. Lind
Senior Vice President	Gail W. Reilly
Senior Vice President/Secretary/General Counsel	John A. Petrilli
Vice President/Assistant Secretary/Associate General Counsel	Shirley B. Ortego
Vice President/Assistant Treasurer	Timothy R. O'Sullivan
Vice President	Edward M. Temkin
Vice President	Robert A. MacKenzie
Vice President	Michael K. Byrne
Vice President	James M. Harinski

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CERTIFICATE OF COMPLIANCE - DOMESTIC

STATE OF NEW YORK

INSURANCE DEPARTMENT

It is hereby certified that

NORTH SEA INSURANCE COMPANY

of Long Beach, New York

is duly organized under the laws of this state, and is authorized to issue policies and transact the business of accident and health, fire, miscellaneous property, water damage, burglary and theft, glass, boiler and machinery, elevator, collision, personal injury liability, property damage liability, workers' compensation and employers' liability, fidelity and surety, motor vehicle and aircraft physical damage, marine and inland marine and marine protection and indemnity insurance, as specified in paragraph(s) 3, 4, 5, 6, 7, 8, 9, 10, 12, 13, 14, 15, 16, 19, 20 and 21 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) with a paid up capital of FOUR MILLION DOLLARS (\$4,000,000.00)



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
30th day of August, 2011

JAMES J. WRYNN
Superintendent
BY

Clark J. Williams
Clark J. Williams
Special Deputy Superintendent

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