

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H14000190202 3)))



H140001902023ABCT

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RE-SUBMIT

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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date of submission 8/12

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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FOREIGN PROFIT/NONPROFIT CORPORATION

Berkley Life and Health Insurance Company

Certificate of Status	0
Certified Copy	0
Page Count	0806
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

MD 8/20

8/14/2014 10:46:40 From: To: 8506176381

(2/6)

850-817-6381

8/13/2014 12:25:23 PM PAGE 1/001 Fax Server



August 13, 2014

C T CORPORATION SYSTEM

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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14 AUG 14 11:10
TALLAHASSEE, FL 32314

RECEIVED

DD

SUBJECT: BERKLEY LIFE AND HEALTH INSURANCE COMPANY
REF: W14000049522

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The entity's date of incorporation/organization must be listed in the document.

The "Date of Incorporation" (#4) must match the date on the Certificate.

The document must be signed by one of the Officers/Directors listed on the application.

If you have any further questions concerning your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

FAX Aud. #: H14000190202
Letter Number: 014A00017375

RE-SUBMIT

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P.O BOX 6327 - Tallahassee, Florida 32314

8/19/2014 14:31:08 From: To: 8506176381

(2/6)

850-817-6381

8/19/2014 12:01:20 PM PAGE 17001 Fax Server



August 19, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: BERKLEY LIFE AND HEALTH INSURANCE COMPANY
REF: W14000050679

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The entity's date of incorporation/organization must be listed in the document.

The Date of Incorporation (#4) must match the date listed on the Certificate of Existence.

If you have any further questions concerning your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

FAX Aud. #: B14000190202
Letter Number: 114A00017787

RE-SUBMIT

Please retain original filing
date of submission 8/12

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Berkley Life and Health 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 A. Ferreira

Name of Person

Berkley Life and Health Insurance Company

Firm/Company

475 Steamboat Road

Address

Greenwich, CT 06830

City/State and Zip code

kferreira@wrberkley.com

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

For further information concerning this matter, please call:

Kathleen A. Ferreira

at (203) 642-3836

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

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. Berkley Life and Health 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. Iowa 3. 91-6034263
(State or country under the law of which it is incorporated) (FRI number, if applicable)
4. 3/7/2008 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, P.S., to determine penalty liability)

7. 475 Steamboat Road, Greenwich, CT 06830
(Principal office address)
- 475 Steamboat Road, Greenwich, CT 06830
(Current mailing address)

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (Zip code)

9. 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.

By: C T Corporation System Sandra Stewart
(Registered agent's signature) Assistant Secretary

10. 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.

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: W. Robert Berkley Jr.

Address: 475 Steamboat Road, Greenwich, CT 06830

Director: Ira S. Lederman

Address: 475 Steamboat Road, Greenwich, CT 06830

B. OFFICERS

President: Christopher C. Brown

Address: 400 Donald J. Lynch Blvd, Marlborough, MA 01752

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: Peter C. Jonson

Address: 2445 Kuser Road, Hamilton Square, NJ 08690

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

12. _____
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.

13. Ira S. Lederman, Director

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

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14 AUG 12 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**IOWA SECRETARY OF STATE
MATT SCHULTZ**



CERTIFICATE OF EXISTENCE

Date: 7/22/2014

Name: BERKLEY LIFE AND HEALTH INSURANCE COMPANY (490 DP - 359916)

Date of Incorporation: 3/7/2008

Duration: PERPETUAL

I, Matt Schultz, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the corporation named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees required under the Iowa Business Corporation Act due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. Articles of dissolution have not been filed.

Certificate ID: CS95885

To validate certificates visit:
sos.iowa.gov/ValidateCertificate

A handwritten signature in black ink, appearing to read "Matt Schultz", is written over a horizontal line.

Matt Schultz, Iowa Secretary of State

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TALLAHASSEE, FLORIDA