

F/4000005513

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000300456 3)))



H140003004563ABCK

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

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

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION

Vantapro Specialty Insurance Company

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

12/31/14

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
14 DEC 30 AM 11:35
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
14 DEC 30 PM 3:13
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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. Vantapro Specialty 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. Arkansas

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

3. 36-3774557

(FBI number, if applicable)

4. 6-30-1991

(Date of incorporation)

5. PERPETUAL

(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, F.S., to determine penalty liability)

7. 1690 New Britain Avenue, Suite 101, Farmington, CT 06032

(Principal office address)

1690 New Britain Avenue, Suite 101, Farmington, CT 06032

(Current mailing address)

8. Property and Casualty 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)

Name: **Chief Financial Officer**

Office Address: **PO Box 6200 (32314-6200) 200 E. Gaines St.**

Tallahassee

(City)

Florida 32339

(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.

Chief Financial Officer

(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.

FILED
14 DEC 30 AM 11:35
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FILED
14 DEC 30 AM 11:35
SECRET
FALL 2014
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 11/11/2014 BY 60322

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

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

SEE ATTACHED

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. _____

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. Karen Colonna, Assistant Secretary

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

VANTAPRO SPECIALTY INSURANCE COMPANY
(AS OF OCTOBER 24, 2014)

BOARD OF DIRECTORS

Scott A. Carmilani
Richard E. Jodoin
Louis Iglesias
John J. McElroy

OFFICERS

Scott A. Carmilani - Chairman
Richard E. Jodoin - Vice Chairman
Louis Iglesias - President, Allied World North America
Susan Chutkieski - President, North American Healthcare
Robert Bowden - Executive Vice President, Chief Marketing Officer
Karin Colonna - Senior Vice President & Deputy General Counsel, U.S.
Compliance & Assistant Secretary
Timothy Curry - Senior Vice President & Deputy General Counsel, U.S.
Corporate & Secretary
Robert Larson - Vice President, Finance & Treasurer
James Paulhus - Vice President, Finance & Assistant Treasurer

FILED
14 DEC 30 AM 11:35
FBI - NEW YORK



**Arkansas Secretary of State
Mark Martin**

State Capitol Building • Little Rock, Arkansas 72201-1094 • 501-682-3409

Certificate of Good Standing

I, Mark Martin, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

VANTAPRO SPECIALTY INSURANCE COMPANY

has currently met all franchise tax requirements as filed with this office.

FILED
14 DEC 30 AM 11:35
VANTAPRO SPECIALTY INSURANCE COMPANY



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 30th day of December 2014.

Mark Martin

Mark Martin
Secretary of State

Online Certificate Authorization Code: 2360e90146942d8

To verify the Authorization Code, visit sos.arkansas.gov