

F2000 000 3224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

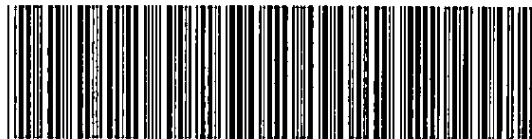
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20 JUL 24 PM 12:06

2020 JUL 24 PM 12:06

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 364482 4719544

AUTHORIZATION :

Signet Coleman

COST LIMIT : \$ 70.00

ORDER DATE : July 23, 2020

ORDER TIME : 12:29 PM

ORDER NO. : 364482-035

CUSTOMER NO: 4719544

FOREIGN FILINGS

NAME: LEXINGTON SPECIALTY INSURANCE
AGENCY, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62968

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lexington Specialty Insurance Agency, 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:

Viktoriya Steinbok

Name of Person

Lexington Specialty Insurance Agency, Inc.

Firm/Company

175 Water Street, 15th Floor

Address

New York, NY 10038

City/State and Zip code

viktoriya.steinbok@aig.com

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

For further information concerning this matter, please call:

Viktoriya Steinbok

at (212) 458-6261

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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. Lexington Specialty Insurance Agency, Inc.
(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. Delaware 3. 85-1674333
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 06/22/2020 5. _____
(Date of incorporation) (Date of duration, if other than 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. 100 Connell Drive, Berkeley Heights, NJ 07922
(Principal office street address)

(Current mailing address, if different)

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

20 JUL 24 PM 12:06
FILED
CLERK OF THE COURT
JUL 24 2020
TALLAHASSEE, FLORIDA

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.

Corporation Service Company
By: Amanda E. Robinson
(Registered agent's signature)

Amanda Robinson
Asst. Vice President

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. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Please see list enclosed

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

☐ Chairman Name: _____

☐ Vice Chairman Address: _____

☐ Director _____

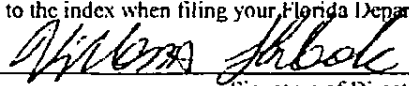
☐ President _____

☐ Vice President _____

☐ Secretary ☐ Treasurer

☐ Other _____ ☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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. Viktoria Steinbok, Assistant Clerk
(Typed or printed name and capacity of person signing application)

Lexington Specialty Insurance Agency, Inc.

NAME	POSITION	WORK ADDRESS
Kent, Tanya E.	Assistant Clerk	175 Water Street, 15th Floor, New York NY 10038
Steinbok, Viktoriya	Assistant Clerk	175 Water Street, 15th Floor, New York NY 10038
Colon, Gail	Assistant Vice President	100 North Tampa Street, Tampa FL 33602
Sanguinetti, Juan	Clerk	175 Water Street, 15 th Floor, New York NY 10038
Artesani, John Mathew	Director	175 Water Street, 26th Floor, New York NY 10038
Branca, Salvatore Anthony	Director	100 Connell Drive, Berkeley Heights NJ 07922
Connolly, Thomas C.	Director	175 Water Street, 23 rd Floor, New York NY 10038
Branca, Salvatore Anthony	President	100 Connell Drive, Berkeley Heights NJ 07922
Artesani, John Mathew	Senior Vice President	175 Water Street, 26th Floor, New York NY 10038
Chmielecki, Susan	Senior Vice President	1690 New Britain Avenue, Farmington CT 06032
Hope, Cliff	Senior Vice President	3500 Lenox Road NE, Atlanta GA 30326
Keating, Joanne P.	Senior Vice President	99 High Street, 24th Floor, Boston MA 02110
McCleerey, Kym A.	Senior Vice President	175 Water Street, New York NY 10038
Smallcombe, Neil	Senior Vice President	500 West Madison Street, Chicago IL 60661
Caulfield, Justin	Treasurer	175 Water Street, 29th Floor, New York NY 10038
Caulfield, Justin	Vice President	175 Water Street, 29th Floor, New York NY 10038
Lunanuova, Stephen G.	Vice President	80 Pine Street, New York NY 10005
Seifert, Jennifer	Vice President	100 Connell Drive, Berkeley Heights NJ 07922
Sonkin, Ellen D.	Vice President	100 Connell Drive, Berkeley Heights NJ 07922

Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LEXINGTON SPECIALTY INSURANCE AGENCY, 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 FIRST DAY OF JULY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LEXINGTON SPECIALTY INSURANCE AGENCY, INC." WAS INCORPORATED ON THE TWENTY-SECOND DAY OF JUNE, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.



3101930 8300

SR# 20206021765

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

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203210802

Date: 07-01-20