

# F2000 000 3224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

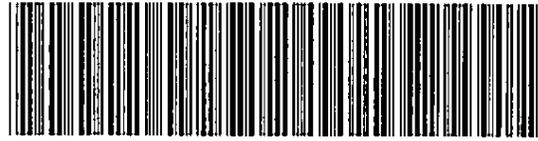
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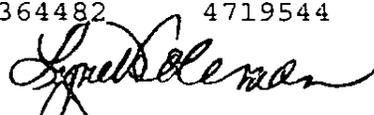
SECRETARY OF STATE

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

ACCOUNT NO. : I20000000195

REFERENCE : 364482 4719544

AUTHORIZATION :



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

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**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

**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)

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**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 \_\_\_\_\_

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**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. Viktoriya Steinbok, Assistant Clerk  
(Typed or printed name and capacity of person signing application)

Lexington Specialty Insurance Agency, Inc.

<b>NAME</b>	<b>POSITION</b>	<b>WORK ADDRESS</b>
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 <sup>th</sup> 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 <sup>rd</sup> 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
Chmieleski, 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

Page 1

The First State

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](http://corp.delaware.gov/authver.shtml)

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

Authentication: 203210802

Date: 07-01-20