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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

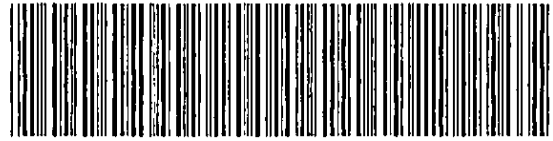
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 SEP 14 PM 11:28

Sbf
9/8/20

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

ACCOUNT NO. : I20000000195
REFERENCE : 410067 7985168
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 78.75

ORDER DATE : September 2, 2020
ORDER TIME : 1:18 PM
ORDER NO. : 410067-020
CUSTOMER NO: 7985168

FOREIGN FILINGS

NAME: COLONY SPECIALTY INSURANCE
COMPANY

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: _____

2020 SEP 11 11:24

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Colony Specialty 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:

Michele Henslee

Name of Person

Argo Group US, Inc.

Firm/Company

2522 Woodbury St

Address

San Antonio, TX 78217

City/State and Zip code

corporateregs@argogroupus.com

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

For further information concerning this matter, please call:

Michele Henslee

at (210) 321-8453

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

2020 SEP 11 11:24

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. Colony 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. Ohio 3. 34-1266871
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. December 20, 1978 5. perpetual
(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. 50 West Broad Street, Suite 1330, Columbus, OH 43215
(Principal office street address)

PO Box 469012, San Antonio, TX 78246-9012
(Current mailing address, if different)

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

Name: Chief Financial Officer

Office Address: 200 East Gaines Street

Tallahassee, Florida 32399-4201
(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.

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Pursuant to section 48.151(1), Florida Statutes
(Registered agent's signature)

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: Susan B Comparato
 Vice Chairman Address: 413 W 14th St, 3rd Fl
 Director New York, NY 10014
 President _____
 Vice President _____
 Secretary Treasurer
 Other SVP Other General Counsel

Chairman Name: Craig S Comeaux
 Vice Chairman Address: 175 E Houston St, Ste 1300
 Director San Antonio, TX 78205
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Gary E Grose
 Vice Chairman Address: 225 W Washington St, 24th Fl
 Director Chicago, IL 60606
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

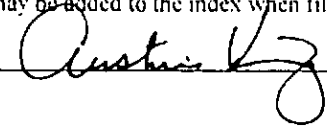
Chairman Name: Ronald J Swanstrom
 Vice Chairman Address: 225 W Washington St, 24th Fl
 Director Chicago, IL 60606
 President _____
 Vice President _____
 Secretary Treasurer
 Other Qualified Actuary Other _____

Chairman Name: Timothy D Carter
 Vice Chairman Address: 225 W Washington St, 24th Fl
 Director Chicago, IL 60606
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Austin W King
 Vice Chairman Address: 175 E Houston St, Ste 1300
 Director San Antonio, TX 78205
 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. Austin W King, Secretary
(Typed or printed name and capacity of person signing application)

A. DIRECTORS

Chairman Name: Andrew J Hendrix

Vice Chairman Address: 3480 Preson Ridge Rd, Ste 375

Director Alpharetta, GA 30005

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Steven W Laudermilch

Vice Chairman Address: 413 W 14th St, 3rd Fl

Director New York, NY 10014

President _____

Vice President _____

Secretary Treasurer

Other US Chief Claims Officer Other _____

Chairman Name: Kurt D Tipton

Vice Chairman Address: 654 Main Street

Director Rockwood, PA 15557

President _____

Vice President _____

Secretary Treasurer

Other Asst Secretary Other _____

Chairman Name: Craig E Landi

Vice Chairman Address: 413 W 14th St, 3rd Fl

Director New York, NY 10014

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

Chairman Name: Dale L Scholl II

Vice Chairman Address: 175 E Houston St, Ste 1300

Director San Antonio, TX 78205

President _____

Vice President _____

Secretary Treasurer

Other VP-Tax Other _____

Chairman Name: Mary M Stulting

Vice Chairman Address: 175 E Houston St, Ste 1300

Director San Antonio, TX 78205

President _____

Vice President _____

Secretary Treasurer

Other _____ Other _____

A. DIRECTORS

Chairman Name: David A Higley
 Vice Chairman Address: 8720 Stony Point Pkwy, Ste 400
 Director Richmond, VA 23235
 President _____
 Vice President _____
 Secretary Treasurer
 Other SVP Other _____

Chairman Name: Lauren T Welch
 Vice Chairman Address: 175 E Houston St, Ste 1300
 Director San Antonio, TX 78205
 President _____
 Vice President _____
 Secretary Treasurer
 Other CFO Other _____

Chairman Name: Julian C Westbrook III
 Vice Chairman Address: 175 E Houston St, Ste 1300
 Director San Antonio, TX 78205
 President _____
 Vice President _____
 Secretary Treasurer
 Other _____ Other _____

Chairman Name: Lynn K Geurin
 Vice Chairman Address: 175 E Houston St, Ste 1300
 Director San Antonio, TX 78205
 President _____
 Vice President _____
 Secretary Treasurer
 Other Asst Treasurer Other _____

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UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show COLONY SPECIALTY INSURANCE COMPANY, an Ohio corporation, Charter No. 527694, having its principal location in Columbus, County of Franklin, was incorporated on December 20, 1978 and is currently in GOOD STANDING upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 28th day of August, A.D. 2020.

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202024102034

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