

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 847601

**Entity Name:** ALLIED WORLD SPECIALTY INSURANCE COMPANY

**Current Principal Place of Business:**

199 WATER STREET  
24TH FLOOR  
NEW YORK, NY 10038

**Current Mailing Address:**

199 WATER STREET  
24TH FLOOR  
NEW YORK, NY 10038 US

**FEI Number:** 56-0997452

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
ROOM 101A  
TALLAHASSEE, FL 32399-0000 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** ROBERT LARSON

06/26/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            IGLESIAS, LOUIS  
Address        199 WATER STREET  
                  24TH FLOOR  
City-State-Zip: NEW YORK NY 10038

Title            SECRETARY  
Name            COLONNA, KAREN  
Address        199 WATER STREET  
                  24TH FLOOR  
City-State-Zip: NEW YORK NY 10038

Title            DIRECTOR  
Name            DUPONT, WESLEY D.  
Address        199 WATER STREET  
                  24TH FLOOR  
City-State-Zip: NEW YORK NY 10038

Title            TREASURER  
Name            ROBERT, LARSON  
Address        199 WATER STREET  
City-State-Zip: NEW YORK NY 10038

Title            DIRECTOR  
Name            CARMILANI, SCOTT  
Address        199 WATER STREET  
City-State-Zip: NEW YORK NY 10038

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KAREN COLONNA

SECRETARY

06/26/2019

Electronic Signature of Signing Officer/Director Detail

Date