



Colorado Secretary of State  
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**Statement of Foreign Entity Withdrawal**  
 filed pursuant to § 7-90-806 of the Colorado Revised Statutes (C.R.S)

1. The entity ID number, the entity name, and the true name, if different, are

Entity ID number 19871591640  
*(Colorado Secretary of State ID number)*

Entity name BERKLEY INSURANCE COMPANY

True name \_\_\_\_\_  
*(if different from the entity name)*

2. (Mark the applicable box and complete the statement. Caution: Mark only one box.)

The foreign entity will not maintain a registered agent in this state and service of process may be addressed to the entity and mailed to the principal address pursuant to section 7-90-704 (2), C.R.S.

or

The foreign entity will maintain a registered agent to accept service pursuant to section 7-90 204.5, C.R.S. Such registered agent's name and address are:

Name  
 (if an individual) \_\_\_\_\_  
*(Last) (First) (Middle) (Suffix)*

or

(if an entity) \_\_\_\_\_  
*(Caution: Do not provide both an individual and an entity name.)*

Street address \_\_\_\_\_  
*(Street name and number)*

\_\_\_\_\_  
*(City) CO (State) (Postal/Zip Code)*

Mailing address  
 (leave blank if same as street address) \_\_\_\_\_  
*(Street name and number or Post Office Box information)*

\_\_\_\_\_  
*(City) (State) (Postal/Zip Code)*

\_\_\_\_\_  
*(Province – if applicable) (Country – if not US)*

*(The following statement is adopted by marking the box.)*

The person appointed as registered agent above has consented to being so appointed.

3. The principal office address of the entity's principal office is

Street address 475 Steamboat Road  
*(Street number and name)*  
Greenwich CT 06830  
*(City) (State) (ZIP/Postal Code)*  
United States  
*(Province - if applicable) (Country)*

Mailing address  
(leave blank if same as street address) \_\_\_\_\_  
*(Street number and name or Post Office Box information)*  
\_\_\_\_\_  
*(City) (State) (ZIP/Postal Code)*  
\_\_\_\_\_  
*(Province - if applicable) (Country)*

4. The jurisdiction under the law of which the entity is formed is Delaware.

5. *(The following statement is adopted by marking the box.)*

The entity will no longer transact business or conduct activities in Colorado and it relinquishes its authority to transact business or conduct activities in Colorado.

6. *(The following statement is adopted by marking the box.)*

All trade names the entity has on file in the records of the Secretary of State pursuant to Article 71 of Title 7, C.R.S., and any assumed entity name pursuant to § 7-90-603, C.R.S., are withdrawn upon the filing of this Statement of Foreign Entity Withdrawal.

7. *(If applicable, adopt the following statement by marking the box and include an attachment.)*

This document contains additional information as provided by law.

8. *(Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)*

*(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)*

The delayed effective date and, if applicable, time of this document is/are \_\_\_\_\_.  
*(mm/dd/yyyy hour:minute am/pm)*

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This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is named in the document as one who has caused it to be delivered.

9. The true name and mailing address of the individual causing the document to be delivered for filing are

Fitzgerald Kathleen A. \_\_\_\_\_  
*(Last) (First) (Middle) (Suffix)*

475 Steamboat Road

*(Street number and name or Post Office Box information)*

Greenwich

*(City)*

CT

*(State)*

06830

*(ZIP/Postal Code)*

United States

*(Country)*

*(If the following statement applies, adopt the statement by marking the box and include an attachment.)*

- This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

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