**SHAREHOLDER REPRESENTATIVE(S) UPDATE INFORMATION FORM**

(For Correspondence/Contact Purposes)

## SECTION I

### Please provide the name and details of the Shareholder

SHAREHOLDER:

PRINCIPAL ADDRESS:

TELEPHONE #:       FAX #:

## SECTION II

### Please provide the name of the Everen Specialty Shareholder Representative and at least one Alternate Representative and their details. The Everen Specialty Shareholder Representative is Everen Specialty's primary contact and will receive all correspondence sent by Everen Specialty, including information for the Annual General Meeting.

**SHAREHOLDER REPRESENTATIVE:**

Full Name:

Date of Birth: Click or tap to enter a date. Email Address:

Company:

Title:

Residential Address:

Direct Telephone No.: Mobile No.:

## ALTERNATE REPRESENTATIVE 1:

Full Name:

Date of Birth: Click or tap to enter a date. Email Address:

Company:

Title:

Residential Address:

Direct Telephone No.:      Mobile No.:

## ALTERNATE REPRESENTATIVE (Optional):

Full Name:

Date of Birth: Click or tap to enter a date. Email Address:

Company:

Title:

Residential Address:

Direct Telephone No.:      Mobile No.:

## PERSON COMPLETING THIS FORM1:

### Signature

Print Name (in full)

Title

Company

Click or tap to enter a date.

Date

1 This form must be executed by a director or officer of the Shareholder, or any other person duly authorized to sign the same on behalf of the Shareholder.