



Shareholder representative authorization certificate

The undersigned, an officer of [Shareholder Company Name] (the "Shareholder"), being the registered holder of one (1) "A" share of capital stock of par value five thousand US dollars (US\$5,000) each in the share capital of Everen Specialty Ltd., a Bermuda company (the "Company"), hereby authorizes

[Shareholder Representative] or failing them,

[First Alternate Shareholder Representative] or failing them,

[Second Alternate Shareholder Representative]

to act as the Shareholder Representative¹ of the Shareholder at all Meetings of Shareholders of the Company and to exercise all powers of the Shareholder as a shareholder of the Company at all such meetings.

Date:

Shareholder Company Address

Company Name:

Company Address:

Street Address 1:

Street Address 2:

City:

State:

Zip Code:

Country:

Shareholder Representative

Full Name:

Agree to share information: *

Title:

Y N

Company:

Email:

Mailing Address (if different from shareholder company address above):

Street Address 1:

City:

Street Address 2:

Country:

State:

Zip Code:

Direct Tel. No:

Mobile No.:

¹Please complete details for all Shareholder Representatives listed.

*In order to meet the data privacy laws in Bermuda, the USA, and Europe: the primary Shareholder Representative, please advise if you give Everen Specialty permission to distribute your name, company, title, and email address to other Everen Specialty Shareholders by checking Y or N.



First Alternate Shareholder Representative

Full Name: Agree to share information: **
Title: Y N
Company:
Email:
Mailing Address (if different from shareholder company address above):
Street Address 1: City:
Street Address 2: Country:
State: Zip Code:
Direct Tel. No: Mobile No.:

Second Alternate Shareholder Representative

Full Name: Agree to share information: **
Title: Y N
Company:
Email:
Mailing Address (if different from shareholder company address above):
Street Address 1: City:
Street Address 2: Country:
State: Zip Code:
Direct Tel. No: Mobile No.:

(Signature of Certifying Officer)²

(Name of Certifying Officer)

(Title of Certifying Officer)

**In order to meet the data privacy laws in Bermuda, the USA, and Europe: the individuals listed herein as First Alternate Shareholder Representative or Second Alternate Shareholder Representative, please advise if you give Everen Specialty permission to distribute your name and company to Everen Specialty Shareholders by checking Y or N.

²This certificate must be executed by a director or officer of the Shareholder, or any other person duly authorized to sign this certificate on behalf of the Shareholder.