

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 Add	ress
Company Name:		
Company Address:		
Street Address 1:		
Street Address 2:		City:
State:	Zip Code:	Country:
	Charabaldar Danraaantati	*
	Shareholder Representati	ve
Full Name:		
Title:		
Company:		
Email:		
Mailing Address (if differen	t from shareholder company addres	ss 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.

*As an Authorized Shareholder Representative and in compliance with privacy laws, by submitting your information, you consent to Everen Specialty Ltd. sharing your name, company, and e-mail address only with Everen Specialty Shareholders.

EVEREN Specialty

First Alternate Shareholder Representative**				
Full Name:				
Title:				
Company:				
Email:				
Mailing Address (if different from s	hareholder 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:				
Title:				
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)

**As an Authorized Shareholder Representative and in compliance with privacy laws, by submitting your information, you consent to Everen Specialty Ltd. sharing your name, company, and e-mail address only with Everen Specialty Shareholders.

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.