


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000003467
1. Entity Name
KEY RISK INSURANCE COMPANY



Principal Place of Business 7900 MCCLOUD ROAD, STE. 300 GREENSBORO, NC 27409	Mailing Address 7900 MCCLOUD ROAD, STE. 300 GREENSBORO, NC 27409
--	--



04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2060285	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SYKES, JOSEPH W 7900 MCCLOUD ROAD, STE. 300 GREENSBORO, NC 27409
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST KARR, REBECCA H 7900 MCCLOUD ROAD, STE. 300 GREENSBORO, NC 27409
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C HEWITT, ROBERT C 475 STEAMBOAT ROAD GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ASD LEDERMAN, IRA S 475 STEAMBOAT ROAD GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D COLE, ROBERT P 475 STEAMBOAT ROAD GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

00000360103
05/05/05-80019-019 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rebecca H. Karr 4/29/05 (336) 605-7396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #