

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003467

FILED
Apr 25, 2011
Secretary of State

Entity Name: KEY RISK INSURANCE COMPANY

Current Principal Place of Business:

7900 MCCLOUD ROAD, STE. 300
GREENSBORO, NC 27409

New Principal Place of Business:

Current Mailing Address:

7900 MCCLOUD ROAD, STE. 300
GREENSBORO, NC 27409

New Mailing Address:

FEI Number: 56-2060285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP
Name: STANDEN, ROBERT W
Address: 7900 MCCLOUD ROAD, STE. 300
City-St-Zip: GREENSBORO, NC 27409

Title: DST
Name: KARR, REBECCA H
Address: 7900 MCCLOUD ROAD, STE. 300
City-St-Zip: GREENSBORO, NC 27409

Title: D
Name: STONE, ROBERT R D
Address: 475 STEAMBOAT RD
City-St-Zip: GREENWICH, CT 06830

Title: ASD
Name: LEDERMAN, IRA S
Address: 475 STEAMBOAT ROAD
City-St-Zip: GREENWICH, CT 06830

Title: D
Name: BALLARD, EUGENE G
Address: 475 STEAMBOAT ROAD
City-St-Zip: GREENWICH, CT 06830

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: REBECCA H. KARR

COO

04/25/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date