

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000003467

**Entity Name:** KEY RISK INSURANCE COMPANY

**Current Principal Place of Business:**

7823 NATIONAL SERVICE ROAD  
GREENSBORO, NC 27409

**Current Mailing Address:**

P.O. BOX 49129  
GREENSBORO, NC 27419 US

**FEI Number:** 56-2060285

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BERKLEY, WILLIAM R JR  
Address        P.O. BOX 49129  
City-State-Zip: GREENSBORO NC 27419

Title            ASST. TREASURER  
Name            BRAUD, BERTMAN A JR  
Address        P.O. BOX 9190  
City-State-Zip: DES MOINES IA 50306-9190

Title            ASST. TREASURER  
Name            TINGELFF, SUSAN P  
Address        PO BOX 9190  
City-State-Zip: DES MOINES IA 50306-9190

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

Title            TREASURER  
Name            BAIO, RICHARD M  
Address        475 STEAMBOAT ROAD  
City-State-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:** BERTMAN BRAUD, JR

**ASSISTANT TREASURER    04/01/2019**

Electronic Signature of Signing Officer/Director Detail

Date