

2024 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, WILLIAN ROBERT JR
Address 475 STEAMBOAT RD
City-State-Zip: GREENWICH CT 06830

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 ROBERTS, TED WILLIAM
Address PO BOX 9190
City-State-Zip: DES MOINES IA 50306-9190

Title SECRETARY
Name WELT, PHILIP 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 A BRAUD JR.

ASSISTANT TREASURER 04/02/2024

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date