# 2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F0400003467

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

### Name and Address of Current Registered Agent:

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

Date

Certificate of Status Desired: No

FILED

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

# Officer/Director Detail :

Title	DP	Title	DST
Name	STANDEN, ROBERT W	Name	KARR, REBECCA H
Address	P.O. BOX 49129	Address	P.O. BOX 49129
City-State-Zip:	GREENSBORO NC 27419	City-State-Zip:	GREENSBORO NC 27419
Title	D	Title	ASD
Name	GOLDWATER, JOHN K	Name	LEDERMAN, IRA S
Address	475 STEAMBOAT RD	Address	475 STEAMBOAT ROAD
City-State-Zip:	GREENWICH CT 06830	City-State-Zip:	GREENWICH CT 06830
Title	D		
Name	BALLARD, EUGENE G		
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: EUGENE BALLARD

DIRECTOR

04/21/2017

Electronic Signature of Signing Officer/Director Detail

Date