

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004395

Entity Name: BERKLEY NATIONAL INSURANCE COMPANY**Current Principal Place of Business:**11201 DOUGLAS AVENUE
URBANDALE, IA 50322**Current Mailing Address:**PO BOX 1594
DES MOINES, IA 50306-1594 US**FEI Number: 75-2191453****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	C
Name	BERKLEY, WILLIAM R
Address	475 STEAMBOAT RD
City-State-Zip:	GREENWICH CT 06830

Title	SECRETARY
Name	SIMMONS, TY
Address	122 W CARPENTER FREEWAY
City-State-Zip:	IRVING TX 75039

Title	DIRECTOR
Name	HEMMERICK, EDMUND
Address	222 LAS COLINAS BLVD W SUITE 1300
City-State-Zip:	IRVING TX 75039

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

Title	PRESIDENT
Name	MITCHELL, BROOK K JR.
Address	222 LAS COLINAS BLVD W SUITE 1300
City-State-Zip:	IRVING TX 75039

Title	ASSISTANT TREASURER
Name	COLLINS, ANN
Address	11201 DOUGLAS AVENUE
City-State-Zip:	URBANDALE IA 50322

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: ANN M. COLLINS**ASSISTANT TREASURER 01/06/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date