

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90001 023 ***150.00

DOCUMENT # 852473

1. Entity Name

BERKLEY INSURANCE COMPANY

Principal Place of Business

**100 CAMPUS DR
P O BOX 853
FLORHAM PK NJ 07932
US**

Mailing Address

**100 CAMPUS DRIVE
P O BOX 853
FLORHAM PK NJ 07932
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

47-0574325

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FL INSURANCE COMMISSIONER
THE CAPITAL
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
LEDERMAN, IRA S
165 MASON STREET
GREENWICH CT 06830** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
OLIVER, GORDON J
100 CAMPUS DR., P.O BOX 853
FLORHAM PARK NJ 07932-0853** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HANSEN, LARRY A.
100 CAMPUS DR., PO BOX 853
FLORHAM PARK NJ** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
Hansen, Larry A.
100 Campus Dr., P.O. Box 853
Florham Park, NJ 07932-0853** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MCCLEARY, JAMES W
100 CAMPUS DR PO BOX 853
FLORHAM PARK NJ** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BASSI, ROGER J
100 CAMPUS DR PO BOX 853
FLORHAM PARK NJ** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
Bassi, Roger J
100 Campus Drive, P.O. Box 853
Florham Park, NJ 07932-0853** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
NORRIS, EDWARD D
100 CAMPUS DR., PO BOX 853
FLORHAM PARK NJ 07932-0853** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PC
Berkley, William R.
165 Mason Street
Greenwich, Connecticut 06830** ☒ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry A. Hansen

3/8/02

Date

800-866-2308

Daytime Phone #

CR2E034 (9/01)