

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90026 016 ***150.00

DOCUMENT # 852473

1. Entity Name
BERKLEY INSURANCE COMPANY



Principal Place of Business
**475 STEAMBOAT RD.
GREENWICH, CT 06836-2519 US**

Mailing Address
**475 STEAMBOAT RD.
P O BOX 2519
GREENWICH, CT 06836-2519 US**

04000263



2. Principal Place of Business
475 Steamboat Road, 1st FL
Suite, Apt. #, etc.

3. Mailing Address
475 Steamboat Road, 1st FL
Suite, Apt. #, etc.

01082004 Chg-P CR2E034 (10/03)

City & State
Greenwich, CT 06830

City & State
Greenwich, CT 06830

4. FEI Number
47-0574325
Applied For
Not Applicable

Zip
06830
Country
USA

Zip
06830
Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

7. Name and Address of New Registered Agent

Name
CT CORPORATION SYSTEM
Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD
City
PLANTATION **FL** Zip Code
33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LEDERMAN, IRA S PO BOX 2519 GREENWICH, CT 068362519	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OLIVER, GORDON J 475 STEAMBOAT RD. GREENWICH, CT 068362519	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HANSEN, LARRY A 475 STEAMBOAT RD. GREENWICH, CT 068362519	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCLEARY, JAMES W 475 STEAMBOAT RD. GREENWICH, CT 068362519	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BASSI, ROGER J 475 STEAMBOAT RD. GREENWICH, CT 068362519	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC BERKLEY, WILLIAM R 475 STEAMBOAT RD. GREENWICH, CT 068362519	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD 475 Steamboat Road, 1st Floor Greenwich, CT 06830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Carol J. LaPunzina 475 Steamboat Road, 1st Floor Greenwich, CT 06830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 475 Steamboat Road, 1st Floor Greenwich, CT 06830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 475 Steamboat Road, 1st Floor Greenwich, CT 06830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ballard, Eugene G. 475 Steamboat Road, 1st Floor Greenwich, CT 06830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 475 Steamboat Road, 1st Floor Greenwich, CT 06830	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Larry A. Hansen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

800-866-2308

Date

Daytime Phone #