

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2005 08:00 AM
Secretary of State

DOCUMENT # 852473

1. Entity Name
BERKLEY INSURANCE COMPANY



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

Mailing Address
**475 STEAMBOAT RD.
FIRST FLOOR
GREENWICH, CT 06836-2519 US**



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	LEDERMAN, IRA S
STREET ADDRESS	475 STEAMBOAT RD, 1ST FLOOR
CITY-ST-ZIP	GREENWICH, CT 06830
TITLE	VSD
NAME	LAPUNZINA, CAROL J
STREET ADDRESS	475 STEAMBOAT RD., 1ST FLOOR
CITY-ST-ZIP	GREENWICH, CT 068362519
TITLE	V
NAME	HANSEN, LARRY A
STREET ADDRESS	475 STEAMBOAT RD., 1ST FLOOR
CITY-ST-ZIP	GREENWICH, CT 06830
TITLE	D
NAME	MCCLEARY, JAMES W
STREET ADDRESS	475 STEAMBOAT ROAD, 1ST FLOOR
CITY-ST-ZIP	GREENWICH, CT 068362519
TITLE	D
NAME	BALLARD, EUGENE
STREET ADDRESS	475 STEAMBOAT RD., 1ST FLOOR
CITY-ST-ZIP	GREENWICH, CT 068362519
TITLE	PC
NAME	BERKLEY, WILLIAM R
STREET ADDRESS	475 STEAMBOAT RD, 1ST FLOOR
CITY-ST-ZIP	GREENWICH, CT 068362519

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01/11/05-80061-009 150.00

**DO NOT WRITE
IN THIS SPACE**

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

1/4/05

800-866-2308

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #