

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90114 019 ***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
475 Steamboat Road

3. Mailing Address
475 Steamboat Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P. O. Box 2519

City & State
Greenwich, CT

City & State
Greenwich, CT

4. FEI Number **47-0574325**

Applied For
Not Applicable

Zip
06836-2519

Country
USA

Zip
06836-2519

Country
USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. 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
**P. O. Box 2519
475 Steamboat Road
Greenwich, CT 06836-2519** ☒ 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
**P. O. Box 2519
475 Steamboat Road
Greenwich, CT 06836-2519** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
HANSEN, LARRY A.
100 CAMPUS DR., PO BOX 853
FLORHAM PARK NJ 07932-0853** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P. O. Box 2519
475 Steamboat Road
Greenwich, CT 06836-2519** ☒ 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
**P. O. Box 2519
475 Steamboat Road
Greenwich, CT 06836-2519** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BASSI, ROGER J
100 CAMPUS DR PO BOX 853
FLORHAM PARK NJ 07932-0853** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P. O. Box 2519
475 Steamboat Road
Greenwich, CT 06836-2519** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PC
BERKLEY, WILLIAM R
165 MASON STREET
GREENWICH CT 06830** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P. O. Box 2519
475 Steamboat Road
Greenwich, CT 06836-2519** ☒ Change ☐ 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry A. Hansen

1/17/03 203-542-3800

Date

Daytime Phone #

CR2E034 (10/02)