

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F04000003467

1. Entity Name
KEY RISK INSURANCE COMPANY



FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90190 014 ***150.00

Principal Place of Business 7900 MCLOUD RE STE 300 GREENSBORO, NC 27409		Mailing Address 7900 MCLOUD RD STE. 300 GREENSBORO, NC 27409	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS	PD SYKES, JOSEPH W 7900 MCLOUD ROAD, STE. 300 GREENSBORO, NC 27409	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change DST Karr, Rebecca H 7900 McCloud Road, Ste. 300 Greensboro, NC 27409	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS	VPST KARR, REBECCA H 7900 MCLOUD ROAD, STE. 300 GREENSBORO, NC 27409	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change VP Standen, Robert W. 7900 McCloud Road, Ste. 300 Greensboro, NC 27409	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS	C STONE, ROBERT R D 475 STEAMBOAT RD GREENWICH, CT 06830	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change VP Myers, Anne H. 7900 McCloud Road, Ste. 300 Greensboro, NC 27409	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS	ASD LEDERMAN, IRA S 475 STEAMBOAT ROAD GREENWICH, CT 06830	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change VP Brooks, Joseph, C II 7900 McCloud Road, Ste. 300 Greensboro, NC 27409	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS	D COLE, ROBERT P 475 STEAMBOAT ROAD GREENWICH, CT 06830	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change VP Godfrey, John A 7900 McCloud Road, Ste. 300 Greensboro, NC 27409	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change VP England, Thomas D. 7900 McCloud Road, Ste. 300 Greensboro, NC 27409	<input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rebecca H. Karr, C.O.O.

4/16/07

336-688-9050

Date

Daytime Phone #