

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004395

FILED
Apr 19, 2011
Secretary of State

Entity Name: BERKLEY NATIONAL INSURANCE COMPANY

Current Principal Place of Business:

122 W CARPENTER FREEWAY SUITE 350
IRVING, TX 75039

New Principal Place of Business:

Current Mailing Address:

PO BOX 152180
IRVING, TX 75015

New Mailing Address:

FEI Number: 75-2191453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C
Name: BERKLEY, WILLIAM R
Address: 475 STEAMBOAT RD
City-St-Zip: GREENWICH, CT 06830

Title: VC
Name: BALLARD, EUGENE G
Address: 475 STEAMBOAT RD
City-St-Zip: GREENWICH, CT 06830

Title: D
Name: COLE, ROBERT P
Address: 475 STEAMBOAT RD
City-St-Zip: GREENWICH, CT 06830

Title: P
Name: SPARKS, CRAIG W
Address: 122 W CARPENTER FREEWAY
City-St-Zip: IRVING, TX 75039

Title: VP
Name: HEMMERICK, EDMUND
Address: 122 W CARPENTER FREEWAY
City-St-Zip: IRVING, TX 75039

Title: S
Name: SIMMONS, TY
Address: 122 W CARPENTER FREEWAY
City-St-Zip: IRVING, TX 75039

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TY COLLIN SIMMONS

VP

04/19/2011

Electronic Signature of Signing Officer or Director

Date