2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2012
Secretary of State

DOCUMENT# F10000004395

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:

215 SHUMAN BLVD
SUITE 200
NAPERVILLE, IL 60563

Current Mailing Address:

PO BOX 152180
IRVING, TX 75015

New Mailing Address:

215 SHUMAN BLVD
SUITE 200
NAPERVILLE, IL 60563

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

Title: T
Name: MATHEWS, JOSEPH L
Address: 215 SHUMAN BLVD SUITE 200
City-St-Zip: NAPERVILLE, IL 60563

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

Title: AS
Name: LARSEN, LARRIS
Address: 215 SHUMAN BLVD SUITE 200
City-St-Zip: NAPERVILLE, IL 60563

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: LARRIS LARSEN AS 01/06/2012

Electronic Signature of Signing Officer or Director Date