

**M090000000816**

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

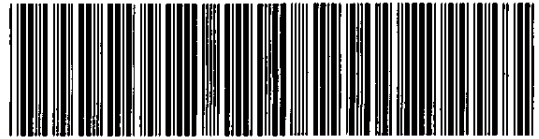
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(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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02/17/09--01027--004 \*\*160.00

2009 FEB 26 PM 3:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

**T. CLINE**

**FEB 27 2009**

**EXAMINER**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 19, 2009

TODD ELBERT  
7900 MCCLOUD RD, SUITE 300  
GREENSBORO, NC 27409

SUBJECT: KEY RISK MANAGEMENT SERVICES, LLC  
Ref. Number: W09000008053

We have received your document for KEY RISK MANAGEMENT SERVICES, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 809A00005915

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Key Risk Management Services, LLC  
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Todd Elbert, Compliance Specialist  
(Name of Person)

Key Risk Management Services, LLC  
(Firm/Company)

7900 McCloud Rd, Suite 300,  
(Address)

Greensboro, North Carolina, 27409  
(City/State and Zip Code)

For further information concerning this matter, please call:

Todd Elbert, Compliance Specialist at ( 336 ) 605-7336  
(Name of Person) (Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy    ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA

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STREET ADDRESS: 7900 McCloud Road, Suite 300, Greensboro, NC 27409  
MAILING ADDRESS: PO Box 49129, Greensboro, NC 27419  
336.668.9050 www.keyrisk.com

February 24, 2009

Tammi Cline,  
Regulatory Specialist II  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**RE: Key Risk Management Services, Inc.  
Conversion of Foreign Registration Status from Corporation to Limited Liability Company  
Response to Division Letter No. 809A00005915**

Dear Ms. Cline.

Thank you for your letter of February 19 regarding the filing of Key Risk Management Services, LLC.

Per your request, please find a copy of a Certificate of Good Standing from the State of Delaware for Key Risk Management Services, LLC, and a copy of your letter.

If you have any questions or need additional information, please call. Thank you again for your assistance in this matter.

Yours truly,

Todd Elbert  
Compliance Specialist  
Phone: 336-605-7336  
Toll free: 800-942-0225, ext. 7336  
e-mail: [telbert@keyrisk.com](mailto:telbert@keyrisk.com)

Encl.

DELAWARE  
STATE  
FEB 26 PM 3:28  
RECEIVED

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTIONS BUSINESS IN THE STATE OF FLORIDA:*

**1. Key Risk Management Services, LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

**2. Delaware**

(Jurisdiction under the law of which foreign limited liability company is organized)

**3. 56-1800954**

(FEI number, if applicable)

**4. 1/1/1993 (converted to LLC on 1/1/2009)**

(Date of Organization)

**5. Perpetual**

(Duration: Year limited liability company will cease to exist or "perpetual")

**6. N/A**

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

**7. 7900 McCloud Rd, Suite 300**

**Greensboro, NC 27409**

(Street Address of Principal Office)

**8. If limited liability company is a manager-managed company, check here ☒**

**9. The name and usual business addresses of the managing members or managers are as follows**

**See Attached**

**10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)**

**11. Nature of business or purposes to be conducted or promoted in Florida:**

**Insurance Services Third Party Administrator**

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Member, Berkley Alternative Markets Insurance Services, LLC

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# Key Risk Management Services, LLC

## Board of Managers

As of January 1, 2009

Name	Office Location
Robert Romaine Daly Stone	475 Steamboat Rd Greenwich, CT 06830
Robert W. Standen	7900 McCloud Rd, Ste 300 Greensboro, NC 27409
Ira S. Lederman	475 Steamboat Rd Greenwich, CT 06830
Eugene G. Ballard	475 Steamboat Rd Greenwich, CT 06830
W. Robert Berkley, Jr.	475 Steamboat Rd Greenwich, CT 06830

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

**Key Risk Management Services, LLC**

If name unavailable, the alternate name to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

**CT Corporation System**

(Name)

**1200 South Pine Island Rd**

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

**Plantation**

FL

**33324**

City/State/Zip

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TALLAHASSEE, FLORIDA

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*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.*

*Dale W. Morris*

(Signature)

DALE W. MORRIS  
ASSISTANT VICE PRESIDENT

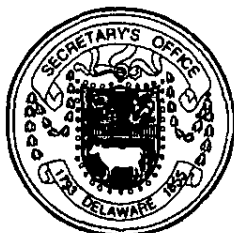
\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

# Delaware

PAGE 1

*The First State*


I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KEY RISK MANAGEMENT SERVICES, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE ELEVENTH DAY OF FEBRUARY, A.D. 2009.



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You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 7131761

DATE: 02-11-09