


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 08:00 A
Secretary of State

DOCUMENT # P16392
 1. Entity Name
BERKLEY REGIONAL INSURANCE COMPANY



Principal Place of Business Mailing Address
475 STEAMBOAT RD **PO BOX 1594**
GREENWICH, CT 06830 US **DES MOINES, IA 50306-1594**

DO NOT WRITE IN THIS SPACE



03092007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
43-1432586 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SUTHERLAND, BETTY C
8381 DIX ELLIS TRAIL
JACKSON BUILDING SUITE 400
JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC BERKLEY, WILLIAM R 475 STEAMBOAT RD GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BALLARD, EUGENE C 475 STEAMBOAT RD GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PATAFIO, CLEMENT P 475 STEAMBOAT RD GREENWICH, CT 06836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUEHLER, ROBERT F 11201 DOUGLAS AVE \\ URBANDALE, IA 50322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COLE, ROBERT P 475 STEAMBOAT RD GREENWICH, CT 06836
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LEDERMAN, IRA S 475 STEAMBOAT RD GREENWICH, CT 06830

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 03/30/07-80015-004 150.00

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:  **John F. Thelen** 3-14-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 ASSIST. SECRETARY