


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # P16392	
1. Entity Name BERKLEY REGIONAL INSURANCE COMPANY	

Principal Place of Business 475 STEAMBOAT RD GREENWICH, CT 06830 US	Mailing Address PO BOX 1594 DES MOINES, IA 50306-1594
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DO NOT WRITE IN THIS SPACE



02152008 No Chg-P CR2E034 (11/05)

4. FEI Number 43-1432586	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U00000848484
03/18/08-80030-005 150.00

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 \\\nURBANDALE, 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

**DO NOT WRITE
IN THIS SPACE**

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 Date Daytime Phone #