

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16392

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: BERKLEY REGIONAL INSURANCE COMPANY

**Current Principal Place of Business:**

475 STEAMBOAT RD  
GREENWICH, CT 06830 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1594  
DES MOINES, IA 503061594

**New Mailing Address:**

FEI Number: 43-1432586      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SUTHERLAND, BETTY C  
8381 DIX ELLIS TRAIL  
JACKSON BUILDING SUITE 400  
JACKSONVILLE, FL 32256 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PC ( ) Delete  
Name: BERKLEY, WILLIAM R  
Address: 475 STEAMBOAT RD  
City-St-Zip: GREENWICH, CT 06830

Title: VD ( ) Delete  
Name: BALLARD, EUGENE C  
Address: 475 STEAMBOAT RD  
City-St-Zip: GREENWICH, CT 06830

Title: VD ( ) Delete  
Name: PATAFIO, CLEMENT P  
Address: 475 STEAMBOAT RD  
City-St-Zip: GREENWICH, CT 06836

Title: T ( ) Delete  
Name: BUEHLER, ROBERT F  
Address: 11201 DOUGLAS AVE \\  
City-St-Zip: URBANDALE, IA 50322

Title: VD ( ) Delete  
Name: COLE, ROBERT P  
Address: 475 STEAMBOAT RD  
City-St-Zip: GREENWICH, CT 06836

Title: VSD ( ) Delete  
Name: LEDERMAN, IRA S  
Address: 475 STEAMBOAT RD  
City-St-Zip: GREENWICH, CT 06830

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN F. THELEN

Electronic Signature of Signing Officer or Director

VSD

04/13/2009

\_\_\_\_\_ Date