2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16392

FILED Feb 23, 2010 Secretary of State

Entity Name: BERKLEY REGIONAL INSURANCE COMPANY

Current Principal Place of Business: New Principal Place of Business:

475 STEAMBOAT RD

GREENWICH, CT 06830 US

Current Mailing Address: New Mailing Address:

PO BOX 1594

DES MOINES, IA 503061594

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

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

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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

Name: BERKLEY, WILLIAM R Address: 475 STEAMBOAT RD City-St-Zip: GREENWICH, CT 06830

Title: VD

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

Title: VD

Name: PATAFIO, CLEMENT P Address: 475 STEAMBOAT RD City-St-Zip: GREENWICH, CT 06836

Title:

Name: BUEHLER, ROBERT F Address: 11201 DOUGLAS AVE \ City-St-Zip: URBANDALE, IA 50322

Title: VD

 Name:
 COLE, ROBERT P

 Address:
 475 STEAMBOAT RD

 City-St-Zip:
 GREENWICH, CT 06836

Title: VSD

 Name:
 LEDERMAN, IRA S

 Address:
 475 STEAMBOAT RD

 City-St-Zip:
 GREENWICH, CT 06830

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: JOHN F. THELEN VSD 02/23/2010