

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16392

FILED
Mar 01, 2012
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 US

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:

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399 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

OFFICERS AND DIRECTORS:

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

Title: PD
Name: BERKLEY, WILLIAM R JR
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: T
Name: COLLINS, ANN M
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: ANN M. COLLINS

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03/01/2012

Electronic Signature of Signing Officer or Director

_____ Date