

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000002625

Entity Name: RIVERPORT INSURANCE COMPANY**Current Principal Place of Business:**11201 DOUGLAS AVENUE
URBANDALE, IA 50322**Current Mailing Address:**PO BOX 1594
DES MOINES, IA 50306-1594 US**FEI Number:** 41-1654112**Certificate of Status Desired:** No**Name and Address of Current 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**Officer/Director Detail :**

Title ASSISTANT TREASURER
Name BRAUD, BERTMAN JR.
Address 11201 DOUGLAS AVENUE
City-State-Zip: URBANDALE IA 50322

Title DIRECTOR
Name HANCOCK, PAUL J
Address 475 STEAMBOAT ROAD
City-State-Zip: GREENWICH CT 06830

Title D
Name LEDERMAN, IRA S
Address 475 STEAMBOAT ROAD
City-State-Zip: GREENWICH CT 06830

Title D
Name BALLARD, EUGENE G
Address 475 STEAMBOAT RD
City-State-Zip: GREENWICH CT 06830

Title PRESIDENT
Name BERKLEY, WILLIAM ROBERT JR.
Address 475 STEAMBOAT ROAD
City-State-Zip: GREENWICH CT 06830

Title ASSISTANT TREASURER
Name COLLINS, ANN
Address 11201 DOUGLAS AVENUE
City-State-Zip: URBANDALE IA 50322

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: BERTMAN BRAUD**ASSISTANT TREASURER 01/16/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date