

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000003479

Entity Name: BERKLEY LIFE AND HEALTH INSURANCE COMPANY**Current Principal Place of Business:**11201 DOUGLAS AVENUE
URBANDALE, IA 50322**Current Mailing Address:**PO BOX 9190
DES MOINES, IA 50306-9190 US**FEI Number: 91-6034263****Certificate of Status Desired: Yes****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 PRESIDENT, CEO, DIRECTOR
Name BERKLEY, W. ROBERT JR.
Address 475 STEAMBOAT ROAD
City-State-Zip: GREENWICH CT 06830

Title EXEC. VP, SECY., DIRECTOR
Name WELT, PHILIP S
Address 475 STEAMBOAT ROAD
City-State-Zip: GREENWICH CT 06830

Title DIRECTOR, SVP, TREASURER
Name BAIO, RICHARD M.
Address 475 STEAMBOAT ROAD
City-State-Zip: GREENWICH CT 06830

Title AUTHORIZED REPRESENTATIVE
Name LEARY, DARLENE A
Address 400 DONALD LYNCH BLVD, SUITE 201
City-State-Zip: MARLBOROUGH MA 01752

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: DARLENE A LEARY**DIRECTOR OF
COMPLIANCE****02/04/2022**

Electronic Signature of Signing Officer/Director Detail

Date