

1.) CORPORATION NAME:

DUE DATE: **1/31/2014**

Berkley National Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1736612**

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 1594

CITY/ST/ZIP: DES MOINES, IA 50306-1594

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: CRAIG WELDON SPARKS TITLE: PRESIDENT ADDRESS: 5513 BELSTRUM CT CITY/ST/ZIP/CO: FLOWER MOUND, TX 75028</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: EDMUND PAUL HEMMERICK TITLE: SR VP ADDRESS: 1416 OAK DRIVE CITY/ST/ZIP/CO: FLOWER MOUND, TX 75028</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JOSEPH L MATHEWS TITLE: TREASURER ADDRESS: 215 SHUMAN BLVD SUITE 200 CITY/ST/ZIP/CO: NAPERVILLE, IL 60563</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JOHN THELEN TITLE: ASST SECRETARY ADDRESS: 11201 DOUGLAS AVE CITY/ST/ZIP/CO: URBANDALE, IA 50322-3707</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: TY COLLIN SIMMONS TITLE: SECRETARY ADDRESS: 5556 DUNN HILL DR CITY/ST/ZIP/CO: FT. WORTH, TX 76137</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: EUGENE GEORGE BALLARD TITLE: DIRECTOR ADDRESS: 1 CROSS BUCK RD CITY/ST/ZIP/CO: KATONAH, NY 10536</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: WILLIAM R BERKLEY TITLE: DIRECTOR ADDRESS: 150 DOUBLING ROAD CITY/ST/ZIP/CO: GREENWICH, CT 06830	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: ANN M COLLINS TITLE: ASST TREASURER ADDRESS: 11201 DOUGLAS AVE CITY/ST/ZIP/CO: URBANDALE, IA 50322-3707	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ANN MCOLLINS	ANN MCOLLINS,	2/11/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.