

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000167482

**Entity Name:** KEYSTONE SPECIALTY INSURANCE GROUP, INC.

**Current Principal Place of Business:**

3100 FALLING LEAF CT  
SUITE 200  
COLUMBIA, MO 65201

**Current Mailing Address:**

P. O. BOX 6040  
COLUMBIA, MO 65205 US

**FEI Number:** 20-2351227

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
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	PRES	Title	VP
Name	WALKER, ROGER D	Name	SCHMIDT, KIRK W
Address	1711 S. FAIRVIEW RD	Address	2905 FOXDALE DR
City-State-Zip:	COLUMBIA MO 65203	City-State-Zip:	JEFFERSON CITY MO 65109
Title	CEO		
Name	FRENCH, JAMES C		
Address	4905 THORNBROOK RIDGE		
City-State-Zip:	COLUMBIA MO 65203		

*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:** ROGER D. WALKER

PRES

05/13/2014

Electronic Signature of Signing Officer/Director Detail

Date