

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000167482

FILED
Mar 17, 2006
Secretary of State

Entity Name: KEYSTONE SPECIALTY INSURANCE GROUP, INC.

Current Principal Place of Business:

491 N. STATE ROAD 434, SUITE 125
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

3100 FALLING LEAF COURT
COLUMBIA, MO 65201

New Mailing Address:

P. O. BOX 6040
COLUMBIA, MO 65205

FEI Number: 20-2351227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BAKER, JOHN W
491 N. STATE ROAD 434, SUITE 125
ALTAMONTE SPRINGS, FL 32714 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: BAKER, JOHN W
Address: 126 INGRAM CIRCLE
City-St-Zip: LONGWOOD, FL 32779 US

Title: VP () Delete
Name: BREWER, LINDA
Address: 1174 SINGLETON CIRCLE
City-St-Zip: GROVELAND, FL 34736 US

Title: CFO () Delete
Name: FICK, GREG K
Address: 2802 MELODY LANE
City-St-Zip: COLUMBIA, MO 65203 US

Title: SECT () Delete
Name: FRENCH, JAMES C
Address: 5413 W. TAYSIDE CIRCLE
City-St-Zip: COLUMBIA, MO 65203 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GREG K. FICK

CFO

03/17/2006

Electronic Signature of Signing Officer or Director

_____ Date