

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000167482

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: KEYSTONE SPECIALTY INSURANCE GROUP, INC.

## Current Principal Place of Business:

260 WEKIVA SPRINGS RD., STE 2090  
LONGWOOD, FL 32779 US

## New Principal Place of Business:

3100 FALLING LEAF CT  
COLUMBIA, MO 65201 US

## Current Mailing Address:

P. O. BOX 6040  
COLUMBIA, MO 65205 US

## New Mailing Address:

FEI Number: 20-2351227      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BAKER, JOHN W  
260 WEKIVA SPRINGS RD., STE 2090  
LONGWOOD, FL 32779 US

## Name and Address of New 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: J. L. MILES

04/28/2009

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: 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: PRES (X) Change ( ) Addition  
Name: WALKER, ROGER D  
Address: 1711 S. FAIRVIEW RD  
City-St-Zip: COLUMBIA, MO 65203 US

Title: VP (X) Change ( ) Addition  
Name: SCHMIDT, KIRK W  
Address: 1323 BONITA PASEO  
City-St-Zip: JEFFERSON CITY, MO 65109 US

Title: CEO (X) Change ( ) Addition  
Name: FRENCH, JAMES C  
Address: 4905 THORNBROOK RIDGE  
City-St-Zip: COLUMBIA, MO 65203 US

I hereby certify that the information supplied with this filing does not qualify 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: KIRK W. SCHMIDT

VP

04/28/2009

Electronic Signature of Signing Officer or Director

Date