

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 26, 2000 8:00 am**  
**Secretary of State**

07-26-2000 90007 033 \*\*\*550.00

**DOCUMENT # 805183**  
 1. Entity Name  
**SPECIALTY NATIONAL INSURANCE COMPANY**

Principal Place of Business      Mailing Address  
**2 HUDSON PLACE**      **21820 BURBANK BLVD #330**  
**HOBOKEN NJ 07030**      **WOODLAND HILLS CA 91367**  
 US

2. Principal Place of Business      3. Mailing Address  
**1 Kemper Drive**      **1 Kemper Drive**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Long Grove, IL**      **Long Grove, IL**  
 Zip      Country      Zip      Country  
**60049-0001**      **US**      **60049-0001**      **US**

4. FEI Number      Applied For  
**52-0261905**       Not Applicable  
 5. Certificate of Status Desired       **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**INSURANCE COMMISSIONER**  
**CAPITOL BLDG.**  
**TALLAHASSEE FL FL 32304**

**7. Name and Address of New Registered Agent**  
 Name: **Corporation Service Company**  
 Street Address (P.O. Box Number is Not Acceptable): **1201 Hays Street**  
 City: **Tallahassee**      **FL**      Zip Code: **32301**

8. 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S FINKELSTEIN, BRIAN W 2 HUDSON PLACE HOBOKEN NJ <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUSSO, ROBIN TWO HUDSON PLACE HOBOKEN NJ 07030 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D HINGORANI, SUNIL L 21820 BURBANK BLVD #330 WOODLAND HILLS CA 91367 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPF BLAZER, ROBERT W III 21820 BURBANK BLVD #330 WOODLAND HILLS CA 91367 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SUCHOMEL, KATHERYN W 21820 BURBANK BLVD #330 WOODLAND HILLS CA 91367 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/Chief Executive Officer/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition William D. Smith 1 Kemper Drive Long Grove, IL 60049-0001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Alan J. Baltz 1 Kemper Drive Long Grove, IL 60049-0001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition William A. Hickey 1 Kemper Drive Long Grove, IL 60049-0001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vickie F. Kartchner 1 Kemper Drive Long Grove, IL 60049-0001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition David B. Mathis 1 Kemper Drive Long Grove, IL 60049-0001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mural R. Josephson 1 Kemper Drive Long Grove, IL 60049-0001

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. P. Adams      **SIGNATURE REQUIRED**      Date: 7/14/00      Daytime Phone #: 847-320-2000

CR2E034 (5/00)

A0069740  
805183

CONTINUATION OF DIRECTORS/OFFICERS  
SPECIALTY NATIONAL INSURANCE COMPANY

TITLE Chief Financial Officer  
NAME John F. Ahearn  
STREET ADDRESS 1 Kemper Drive  
CITY-ST-ZIP Long Grove, IL 60049-0001

TITLE VP  
NAME Bret A. Conklin  
STREET ADDRESS 1 Kemper Drive  
CITY-ST-ZIP Long Grove, IL 60049-0001

TITLE VP  
NAME Robert A. Daniel  
STREET ADDRESS 1 Kemper Drive  
CITY-ST-ZIP Long Grove, IL 60049-0001

TITLE VP  
NAME Robert P. Hames  
STREET ADDRESS 1 Kemper Drive  
CITY-ST-ZIP Long Grove, IL 60049-0001

TITLE S  
NAME John K. Conway  
STREET ADDRESS 1 Kemper Drive  
CITY-ST-ZIP Long Grove, IL 60049-0001

TITLE T  
NAME Michael A. Finelli, Jr.  
STREET ADDRESS 1 Kemper Drive  
CITY-ST-ZIP Long Grove, IL 60049-0001