

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 805183

1. Entity Name
SPECIALTY NATIONAL INSURANCE COMPANY

Principal Place of Business 1 KEMPER DRIVE LONE GROVE IL 60049-0001 US	Mailing Address 1 KEMPER DRIVE LONE GROVE IL 60049-0001 US
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **52-0261905** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

000004543040--2

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

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 12, 2001 Fee 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

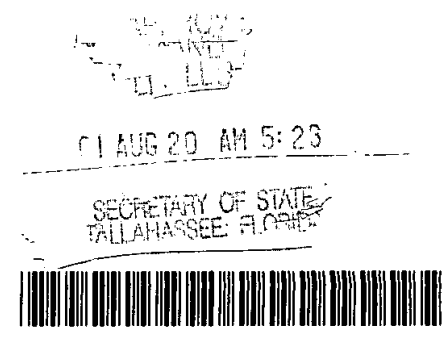
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	VPP BLAZER, ROB WERT 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Finelli, Michael A Jr One Kemper Drive Long Grove, IL 60049	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Kartchner, Vickie Fay One Kemper Drive Long Grove, IL 60049	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D Josephson, Mural R One Kemper Drive Long Grove, IL 60049	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Conway, John K One Kemper Drive Long Grove, IL 60049	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Smith, William D One Kemper Drive Long Grove, IL 60049	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **SIGNATURE REQUIRED** John K. Conway 8/14/01 (847) 320-2000



DO NOT WRITE IN THIS SPACE

0130605 AT

CR2E034 (5/01)

mw



ACCOUNT NO. : 072100000032
 REFERENCE : 430273 4728366
 AUTHORIZATION : *Patricia Pizit*
 COST LIMIT : \$ 550.00

ORDER DATE : August 17, 2001
 ORDER TIME : 11:42 AM
 ORDER NO. : 430273-010
 CUSTOMER NO: 4728366
 CUSTOMER: Ms. Susan Wilson
 Kemper
 Legal Dept C-3
 1 Kemper Drive
 Long Grove, IL 60049

ANNUAL REPORT FILING

NAME: SPECIALTY NATIONAL INSURANCE
 COMPANY

RECEIVED
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 2001 AUG 20 PM 2:33
 NOT INTENDED
 TO ACKNOWLEDGE
 SUFFICIENCY OF FILING

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Betty Young - Ext. 1112

EXAMINER'S INITIALS: _____