2002 UNIFORM BUSINESS REPORT (UBR)

1 of 2

0600818 AT

DOCUMENT # 805183

1. Entity Name

SPECIALTY NATIONAL INSURANCE COMPANY

FILED
02 APR 12 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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

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	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	Name: INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable): THE CAPITOL City: TALLAHASSEE FL Zip Code: 32304

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 ______________________________
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 $150.00
After May 1, 2002 Fee will be $550.00
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 FINELLI, MICHAEL A JR ONE KEMPER DRIVE LONG GROVE IL 60049 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KARTCHNER, VICKIE FAY ONE KEMPER DRIVE LONG GROVE IL 60049 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO HICKEY, WILLIAM A ONE KEMPER DRIVE LONG GROVE, IL 60049 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D JOSEPHSON, MURAL R ONE KEMPER DRIVE LONG GROVE IL 60049 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S CONWAY, JOHN K ONE KEMPER DRIVE LONG GROVE IL 60049 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500005257375--0
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD SMITH, WILLIAM D ONE KEMPER DRIVE LONG GROVE IL 60049 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 4/8/02 (847) 320-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/01)

ACCOUNT NO. : 072100000032

REFERENCE : 521414 4728366

AUTHORIZATION : Patricia Pizzi

COST LIMIT : $ 150.00

ORDER DATE : April 10, 2002

ORDER TIME : 11:41 AM

ORDER NO. : 521414-050

CUSTOMER NO: 4728366

CUSTOMER: Ms. Susan Wilson
Kemper
Legal Dept C-3
1 Kemper Drive
Long Grove, IL 60049

RECEIVED
02 APR 12 PM 12:08
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: SPECIALTY NATIONAL INSURANCE COMPANY

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS: _________