


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1092

0690698
AT

DOCUMENT # 805183
1. Entity Name
SPECIALTY NATIONAL INSURANCE COMPANY



FILED

03 MAY -2 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

Mailing Address
1 KEMPER DRIVE
LONE GROVE IL 60049-0001
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

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

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

CHECK HERE IF MAKING CHANGES **03**

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FINELLI, MICHAEL A JR ONE KEMPER DRIVE LONG GROVE IL 60049	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HICKEY, WILLIAM A ONE KEMPER DRIVE LONG GROVE IL 60049	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D JOSEPHSON, MURAL R ONE KEMPER DRIVE LONG GROVE IL 60049	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONWAY, JOHN K ONE KEMPER DRIVE LONG GROVE IL 60049	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SMITH, WILLIAM D ONE KEMPER DRIVE LONG GROVE IL 60049	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Smith, Clare B. One Kemper Drive Long Grove, IL 60049	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Lindemann, Robert A. One Kemper Drive Long Grove, IL 60049	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Hickey, William A. One Kemper Drive Long Grove, IL 60049	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman Mathis, David B. One Kemper Drive Long Grove, IL 60049	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **4.24.03** **847/320-2955**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
John K. Conway/Secretary

CFR2034 (10/02)

2082



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032
 REFERENCE : 075311 4728366
 AUTHORIZATION : *Patricia Pizute*
 COST LIMIT : \$ 150.00

ORDER DATE : April 30, 2003
 ORDER TIME : 10:38 AM
 ORDER NO. : 075311-030
 CUSTOMER NO: 4728366

CUSTOMER: Mary Jo Buttstadt, Legal Asst
 Kemper
 Legal Dept C-3
 1 Kemper Drive
 Long Grove, IL 60049

RECEIVED
 03 MAY - 2 AM 11:44
 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:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - Ext. 1149

EXAMINER'S INITIALS: _____