## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P15813

Entity Name: U.S. SPECIALTY INSURANCE COMPANY

FILED Jan 20, 2009 Secretary of State

Current Pr	incipal Place	of Business:	New Prince	New Principal Place of Business:		
	RTHWEST FRE I, TX 77040609					
Current Mailing Address:			New Maili	New Mailing Address:		
13403 NORTHWEST FREEWAY ATTN: LEGAL DEPT HOUSTON, TX 770406094 US						
FEI Number:	52-1504975	FEI Number Applied For ( )	FEI Number Not App	licable ( ) Certifica	te of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
P O BOX 6: 200 E. GAII	ANCIAL OFFIC 200 (32314-620 NES ST SSEE, FL 3239	00)				
The above in the State		ubmits this statement for the pu	rpose of changing	its registered office or re	egistered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent Date						
Election Cam	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP () SCHELL, MICHA 13403 NORTHW HOUSTON, TX	EST FREEWAY	Title: Name: Address: City-St-Zip:	DP (X) Change ( KAISER, THOMAS G 13403 NORTHWEST FRE HOUSTON, TX 77040	` <i>'</i>	
Title: Name: Address: City-St-Zip:	S () SIMMONS, JAMI 13403 NORTHW HOUSTON, TX	EST FREEWAY	Title: Name: Address: City-St-Zip:	VS (X) Change of SIMMONS, JAMES L 13403 NORTHWEST FRE HOUSTON, TX 77040	· ·	
Title: Name: Address: City-St-Zip:	VD () MOLBECK, JOH 13403 NORTHW HOUSTON, TX	EST FREEWAY	Title: Name: Address: City-St-Zip:	()Change(	) Addition	
Title: Name: Address: City-St-Zip:	VD () ELLIS, EDWARI 13403 NORTHW HOUSTON, TX	EST FREEWAY	Title: Name: Address: City-St-Zip:	( ) Change(	) Addition	
Title: Name: Address: City-St-Zip:	DT () OJHA, HAMEND 13403 NORTHW HOUSTON, TX	EST FREEWAY	Title: Name: Address: City-St-Zip:	DVT (X) Change ( OJHA, HAMENDRA P 13403 NORTHWEST FRE HOUSTON, TX 77040	<i>、</i>	
Title: Name: Address: City-St-Zip:	DCFO () MACDONOUGH, 13403 NORTHW HOUSTON, TX	EST FREEWAY	Title: Name: Address: City-St-Zip:	( ) Change (	) Addition	

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: JAMES L SIMMONS VS 01/20/2009