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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P15813 (9)

1. Corporation Name
U.S. SPECIALTY INSURANCE COMPANY

Principal Place of Business	Mailing Address
411 AVIATION WAY FREDERICK MD 21701	411 AVIATION WAY FREDERICK MD 21701-4756

3. Date Incorporated or Qualified: 09/03/1987
3a. Date of Last Report: 04/26/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 52-1504975 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CONDON, WILLIAM P.		1.2 NAME		
STREET ADDRESS	11510 BOTTOMLEY ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	THURMONT MD		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SHETTLE, JOHN F . JR.		2.2 NAME		
STREET ADDRESS	4710 ROLAND AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE MD		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CHERO, THOMAS H.		3.2 NAME		
STREET ADDRESS	15233 DUFIEF DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAITHERSBURG MD		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DALPINI, MICHAEL G.		4.2 NAME		
STREET ADDRESS	255 SPENCER RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERS MO		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE	PD	☒ Change ☐ Addition
NAME	WILSON, RONALD H.		5.2 NAME	WALKER, HARRY C.	
STREET ADDRESS	255 SPENCER RD		5.3 STREET ADDRESS	411 AVIATION WAY	
CITY-ST-ZIP	ST. PETERS MO		5.4 CITY-ST-ZIP	FREDERICK, MD 21701	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BALLARD, JOHN H.		6.2 NAME		
STREET ADDRESS	441 AVIATION WAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	FREDERICK MD		6.4 CITY-ST-ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE [signature] 3-14-97 314-938-9494

CR2E034 (9/96)