

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90166 035 ***150.00

DOCUMENT # **P15813**

1. Corporation Name

U.S. SPECIALTY INSURANCE COMPANY

Principal Place of Business

**411 AVIATION WAY
FREDERICK MD 21701**

Mailing Address

**13403 NW FREEWAY
HOUSTON TX 77040-6094
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/03/1987

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 13403 NW Freeway
Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Houston, TX
Zip Country

28 Zip Country

24 77040-6094 USA

29 Zip Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301**

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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☒ DELETE
NAME **SMITH, PETER B JR**
STREET ADDRESS **13403 NW FRWY**
CITY-ST-ZIP **HOUSTON TX 77040**

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **Benjamin Davis Williams Wilcox**
1.3 STREET ADDRESS **13403 NW Freeway**
1.4 CITY-ST-ZIP **Houston, TX 77040**

TITLE **SVD** ☐ DELETE
NAME **MARTIN, CHRISTOPHER L**
STREET ADDRESS **13403 NW FRWY**
CITY-ST-ZIP **HOUSTON TX 77040**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **TUFFLY, L EDWARD**
STREET ADDRESS **13403 NW FRWY**
CITY-ST-ZIP **HOUSTON TX 77040**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **ELLIS, EDWARD H JR**
STREET ADDRESS **13403 NW FRWY**
CITY-ST-ZIP **HOUSTON TX 77040**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **VD** ☐ DELETE
NAME **MOLBECK, JOHN N JR**
STREET ADDRESS **13403 NW FRWY**
CITY-ST-ZIP **HOUSTON TX 77040**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **C** ☐ DELETE
NAME **WAY, STEPHEN L**
STREET ADDRESS **13403 NW FRWY**
CITY-ST-ZIP **HOUSTON TX 77040**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher L. Martin 4-23-99 713-690-7800

Date

Daytime Phone #

CR2E034 (11/98)