

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S32928

Entity Name: INTERNATIONAL SPECIALTY UNDERWRITERS, INC.**Current Principal Place of Business:**6621 SOUTHPOINT DR. N. #325
JACKSONVILLE, FL 32216**Current Mailing Address:**6621 SOUTHPOINT DR. N. #325
JACKSONVILLE, FL 32216 US**FEI Number: 59-3081043****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D, PRESIDENT
Name	WILBUR, JR., JOHN HPRES
Address	6621 SOUTHPOINT DR. N. #325
City-State-Zip:	JACKSONVILLE FL 32216

Title	D, VP
Name	HUTCHISON, ROY F
Address	7909 PARKLANE ROAD, SUITE 200
City-State-Zip:	COLUMBIA SC 29223

Title	D, VP, CFO
Name	KEMMERLIN, KARL C
Address	7909 PARKLANE ROAD, SUITE 200
City-State-Zip:	COLUMBIA SC 29223

Title	D, SECRETARY
Name	MCINTOSH, DUNCAN S
Address	I-20 AT ALPINE ROAD
City-State-Zip:	COLUMBIA SC 29219

Title	DIRECTOR, TREASURER
Name	MIZEUR, MIKE
Address	I-20 AT ALPINE ROAD
City-State-Zip:	COLUMBIA SC 29219

Title	DIRECTOR, ASST. TREASURER
Name	COTE, DAVID
Address	I-20 AT ALPINE ROAD
City-State-Zip:	COLUMBIA SC 29219

Title	DIRECTOR, ASST. SECRETARY
Name	EARLY, JAMIE
Address	I-20 AT ALPINE ROAD
City-State-Zip:	COLUMBIA SC 29219

I hereby 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 all other like empowered.

SIGNATURE: JOHN WILBUR, JR.**PRESIDENT - ISU****01/11/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date