

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 843478

FILED
Jan 21, 2016
Secretary of State
CC5530481098

Entity Name: UFG SPECIALTY INSURANCE COMPANY

Current Principal Place of Business:

455 E. MEDICAL CENTER BLVD, SUITE 400
WEBSTER, TX 77598

Current Mailing Address:

118 SECOND AVE SE, P.O. BOX 73909
CEDAR RAPIDS, IA 52407

FEI Number: 74-1071857

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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 P, D
Name RAMLO, RANDY A
Address 118 2ND AVE SE
City-State-Zip: CEDAR RAPIDS IA 52407

Title C, D
Name EVANS, JACK B
Address 118 2ND AVE SE
City-State-Zip: CEDAR RAPIDS IA 52407

Title VP,D
Name WILKINS, MICHAEL T
Address 118 SECOND AVE SE
City-State-Zip: CEDAR RAPIDS IA 52407

Title DIRECTOR
Name HELBING, KEVIN W
Address 118 SECOND AVE. SE
City-State-Zip: CEDAR RAPIDS IA 52407

Title T
Name MARTIN, JANICE A
Address 118 SECOND AVE SE
City-State-Zip: CEDAR RAPIDS IA 52407

Title S
Name STAUFFER, KRISTIN R
Address 118 SECOND AVE. SE
City-State-Zip: CEDAR RAPIDS IA 52407

Title DIRECTOR
Name JOHNSON, JOSEPH B
Address 6115 WINNIE STREET
City-State-Zip: GALVESTON TX 77550

Title DIRECTOR
Name SCHARMER, NEAL R
Address 118 SECOND AVENUE SE
PO BOX 73909
City-State-Zip: CEDAR RAPIDS IA 52407-3909

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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: KEVIN HELBING

DIRECTOR

01/21/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SORENSEN, ALLEN R
Address 118 SECOND AVENUE SE
 P.O. BOX 73909
City-State-Zip: CEDAR RAPIDS IA 52407-3909