

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000001578

Entity Name: FARMERS SPECIALTY INSURANCE COMPANY**Current Principal Place of Business:**5600 BEECH TREE LANE
CALEDONIA, MI 49316**Current Mailing Address:**P.O. BOX 2450
GRAND RAPIDS, MI 49501**FEI Number:** 59-2326047**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER
200 E. GAINES ST
TALLAHASSEE, FL 32399 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 PRESIDENT, DIRECTOR
Name BOSHoven, STEPHEN J
Address 5600 BEECH TREE LANE
City-State-Zip: CALEDONIA MI 49316

Title VP, SECRETARY
Name BROWN, MARTIN R
Address 5600 BEECH TREE LANE
City-State-Zip: CALEDONIA MI 49316

Title DIRECTOR
Name RODRIGUEZ, DONALD E
Address 3635 LONG BEACH BLVD
City-State-Zip: LONG BEACH CA 90807

Title DIRECTOR
Name KAPLAN, PETER D
Address 8711 ST IVES DRIVE
City-State-Zip: LOS ANGELES CA 90069

Title VP, DIRECTOR
Name MYHAN, RONALD G
Address 4680 WILSHIRE BLVD
City-State-Zip: LOS ANGELES CA 90010

Title ASST VICE PRESIDENT, TREASURER
Name PEPPER, JEFFREY L
Address 5600 BEECH TREE LANE
City-State-Zip: CALEDONIA MI 49316

Title DIRECTOR
Name BENTLEY, KENNETH W
Address 800 N BRAND BLVD
City-State-Zip: GLENDALE CA 91203

Title DIRECTOR
Name LOUIE, DAVID W
Address 1741 N BENTON WAY
City-State-Zip: LOS ANGELES CA 90026

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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: JEFFREY L PEPPER**TREASURER****01/03/2014**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MARLIN, DALE A
Address 1575 CAPADARO CT
City-State-Zip: MONUMENT CO 80132

Title DIRECTOR
Name WUO, JOHN T
Address 75 N SANTA ANITA SUITE 106
City-State-Zip: ARCADIA CA 91006