

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15813

**Entity Name:** U.S. SPECIALTY INSURANCE COMPANY**Current Principal Place of Business:**13403 NORTHWEST FREEWAY  
HOUSTON, TX 77040-6094**Current Mailing Address:**13403 NORTHWEST FREEWAY  
ATTN: LEGAL DEPT  
HOUSTON, TX 77040-6094 US**FEI Number:** 52-1504975**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 E. GAINES STREET  
SERVICE OF PROCESS SECTION  
TALLAHASSEE, FL 32399-4201 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 DP  
Name SCHELL, MICHAEL J  
Address 13403 NORTHWEST FREEWAY  
City-State-Zip: HOUSTON TX 77040

Title VD  
Name RINICELLA, RANDY D  
Address 13403 NORTHWEST FREEWAY  
City-State-Zip: HOUSTON TX 77040

Title VD  
Name WILLIAMS, CHRISTOPHER J  
Address 13403 NORTHWEST FREEWAY  
City-State-Zip: HOUSTON TX 77040

Title D  
Name IRICK, BRAD T  
Address 13403 NORTHWEST FREEWAY  
City-State-Zip: HOUSTON TX 77040

Title VT  
Name LEE, JONATHAN  
Address 13403 NORTHWEST FREEWAY  
City-State-Zip: HOUSTON TX 77040

Title DCFO  
Name MACDONOUGH, STEPHEN  
Address 13403 NORTHWEST FREEWAY  
City-State-Zip: HOUSTON TX 77040

Title SECRETARY  
Name LUDLOW, ALEXANDER M  
Address 13403 NORTHWEST FREEWAY  
City-State-Zip: HOUSTON TX 77040-6094

*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:** ALEXANDER LUDLOW**SECRETARY****03/06/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date