

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

STATE NATIONAL SPECIALTY INSURANCE COMPANY

**FILED**  
**Mar 04, 2000 8:00 am**  
**Secretary of State**

03-04-2000 90006 001 \*\*\*150.00

Principal Place of Business

One Independent Drive  
Jacksonville, FL 32276

Mailing Address

8200 Anderson Blvd.  
Fort Worth, TX 76120

2. Principal Place of Business

3. Mailing Address

One Independent Drive

8200 Anderson Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Fort Worth, TX

4. FEI Number

75-2816775

Applied For

Not Applicable

Zip

32276

Country

USA

Zip

76120

Country

USA

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

Insurance Commissioner  
State of Florida  
Capitol Building  
Tallahassee, FL 32301

7. Name and Address of New Registered Agent

Name  
N/A

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 N/A

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Chairman/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lonnie K. Ledbetter	
STREET ADDRESS	8200 Anderson Blvd.	
CITY-ST-ZIP	Fort Worth, TX 76120	
TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Terry L. Ledbetter	
STREET ADDRESS	8200 Anderson Blvd.	
CITY-ST-ZIP	Fort Worth, TX 76120	
TITLE	Secretary/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wyatt D. Blackburn	
STREET ADDRESS	8200 Anderson Blvd.	
CITY-ST-ZIP	Fort Worth, TX 76120	
TITLE	Treasurer/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David D. Hale	
STREET ADDRESS	8200 Anderson Blvd.	
CITY-ST-ZIP	Fort Worth, TX 76120	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lonnie K. "Trace" Ledbetter, III	
STREET ADDRESS	8200 Anderson Blvd.	
CITY-ST-ZIP	Fort Worth, TX 76120	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 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

TERRY L. LEDBETTER February 1, 2000 817/265-2000

Date

Daytime Phone #

CR2E034 (9/99)