

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 242415

1. Entity Name
STATE NATIONAL SPECIALTY INSURANCE COMPANY

Principal Place of Business
ONE INDEPENDENT DRIVE
JACKSONVILLE, FL 32276

Mailing Address
8200 ANDERSON BLVD.
FORT WORTH, TX 76120

2. Principal Place of Business
ONE INDEPENDENT DRIVE

3. Mailing Address
8200 ANDERSON BLVD

Suite, Apt. #, etc.
N/A

Suite, Apt. #, etc.
N/A

City & State
JACKSONVILLE, FL

City & State
FT. WORTH, TX

4. FEI Number
752816775

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 BLDG.
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

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

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP

TERRY L. LEDBETTER ☐ Delete
8200 ANDERSON BLVD PRESIDENT
FT. WORTH, TX 76120

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

WYATT D. BLACKBURN ☐ Delete
8200 ANDERSON BLVD. SECRETARY
FT. WORTH, TX 76120

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DAVID D. HALE ☐ Delete
8200 ANDERSON BLVD TREASURER
FT. WORTH, TX 76120

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

LONNIE K. LEDBETTER ☐ Delete
8200 ANDERSON BLVD. CHAIRMAN
FT. WORTH, TX 76120 CEO

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

082801

800-877-4567

FILED
Sep 10, 2001 8:00 am
Secretary of State

09-10-2001 90063 050 ***550.00

A0084051

DO NOT WRITE IN THIS SPACE

CR2E034 (11/00)