2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 804972

FILED Apr 08, 2003 Secretary of State

Entity Name: COMBINED SPECIALTY INSURANCE COMPANY

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
	IDOLPH DR 7. 4TH FLOO , IL 60601				
Current Mailing Address:			New Maili	New Mailing Address:	
P.O. BOX 8 CHICAGO,	8264 , IL 60680	US			
El Number:	36-3186541	FEI Number Applied For()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and	Address of New Registered Agent:	
P O BOX 6 200 E. GAI TALLAHAS	SSEE, FL 32	6200) :3990000 US			
	named entit of Florida.	y submits this statement for the p	urpose of changing i	its registered office or registered agent, or both,	
SIGNATUF	RE:				
	Electr	onic Signature of Registered Age	nt	Date	
	npaign Financ S AND DIRE	ing Trust Fund Contribution().	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Fitle: Name: Address: City-St-Zip:	PCD COLE, DAVID 200 E RANDO CHICAGO, IL	OLPH DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: Dity-St-Zip:	V BAER, JERO 200 E RANDO CHICAGO, IL	OLPH DRIVE	Title: Name: Address: City-St-Zip:	AVP (X) Change () Addition VODZIAK, RICHARD L 200 E RANDOLPH DRIVE CHICAGO, IL 60601	
Fitle: Name: Address: City-St-Zip:	T AIGOTTI, DIA 200 E RANDO CHICAGO, IL	OLPH DRIVE	Title: Name: Address: City-St-Zip:	T (X) Change () Addition AIGOTTI, DIANE M 200 E RANDOLPH DRIVE CHICAGO, IL 60601	
Fitle: Name: Address: Dity-St-Zip:	S JESCHKE, A 200 E RANDO CHICAGO, IL	OLPH DRIVE	Title: Name: Address: City-St-Zip:	SD (X) Change () Addition MARKOVITS, RONALD D 200 E RANDOLPH DRIVE CHICAGO, IL 60601	
Fitle: Name: Address: City-St-Zip:	DV BARRETT, C 200 E RANDO CHICAGO, IL	OLPH DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	DV DAVIS, GREG 200 E RANDO CHICAGO, IL	OLPH DRIVE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition BAKKA, ORIANA L 200 E RANDOLPH DRIVE CHICAGO, IL 60601	
hereby ce	rtifv that the	information supplied with this filin	a does not qualify fo	or the 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 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 an address, with all other like empowered.

SIGNATURE: RICHARD L. VODZIAK AVP 04/08/2003