

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2000 8:00 am
Secretary of State
07-26-2000 90007 033 ***550.00

DOCUMENT # 805183

1. Entity Name

SPECIALTY NATIONAL INSURANCE COMPANY

Principal Place of Business

2 HUDSON PLACE
HOBOKEN NJ 07030
US

Mailing Address

21820 BURBANK BLVD #330
WOODLAND HILLS CA 91367

2. Principal Place of Business

1 Kemper Drive

Suite, Apt. #, etc.

3. Mailing Address

1 Kemper Drive

Suite, Apt. #, etc.

City & State

Long Grove, IL

City & State

Long Grove, IL

Zip

60049-0001

Country

US

Zip

60049-0001

Country

US

4. FEI Number

52-0261905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG.
TALLAHASSEE FL FL 32304

7. Name and Address of New Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 T/S
NAME FINKELSTEIN, BRIAN W
STREET ADDRESS 2 HUDSON PLACE
CITY-ST-ZIP HOBOKEN NJ

☒ Delete

TITLE P
NAME RUSSO, ROBIN
STREET ADDRESS TWO HUDSON PLACE
CITY-ST-ZIP HOBOKEN NJ 07030

☒ Delete

TITLE VP/D
NAME HINGORANI, SUNIL L
STREET ADDRESS 21820 BURBANK BLVD #330
CITY-ST-ZIP WOODLAND HILLS CA 91367

☒ Delete

TITLE VPF
NAME BLAZER, ROBERT W III
STREET ADDRESS 21820 BURBANK BLVD #330
CITY-ST-ZIP WOODLAND HILLS CA 91367

☒ Delete

TITLE VPD
NAME SUCHOMEL, KATHERYN W
STREET ADDRESS 21820 BURBANK BLVD #330
CITY-ST-ZIP WOODLAND HILLS CA 91367

☒ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C/Chief Executive Officer/D ☐ Change ☒ Addition
NAME William D. Smith
STREET ADDRESS 1 Kemper Drive
CITY-ST-ZIP Long Grove, IL 60049-0001

TITLE D ☐ Change ☒ Addition
NAME Alan J. Baltz
STREET ADDRESS 1 Kemper Drive
CITY-ST-ZIP Long Grove, IL 60049-0001

TITLE D ☐ Change ☒ Addition
NAME William A. Hickey
STREET ADDRESS 1 Kemper Drive
CITY-ST-ZIP Long Grove, IL 60049-0001

TITLE D/P ☐ Change ☒ Addition
NAME Vickie F. Kartchner
STREET ADDRESS 1 Kemper Drive
CITY-ST-ZIP Long Grove, IL 60049-0001

TITLE D ☐ Change ☒ Addition
NAME David B. Mathis
STREET ADDRESS 1 Kemper Drive
CITY-ST-ZIP Long Grove, IL 60049-0001

TITLE D/VP ☐ Change ☒ Addition
NAME Mural R. Josephson
STREET ADDRESS 1 Kemper Drive
CITY-ST-ZIP Long Grove, IL 60049-0001

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:

R. P. Adams
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/00

Date

847-320-2000

Daytime Phone #

CR2E034 (5/00)

A0069740
805/83

CONTINUATION OF DIRECTORS/OFFICERS
SPECIALTY NATIONAL INSURANCE COMPANY

TITLE Chief Financial Officer
NAME John F. Ahearn
STREET ADDRESS 1 Kemper Drive
CITY-ST-ZIP Long Grove, IL 60049-0001

TITLE VP
NAME Bret A. Conklin
STREET ADDRESS 1 Kemper Drive
CITY-ST-ZIP Long Grove, IL 60049-0001

TITLE VP
NAME Robert A. Daniel
STREET ADDRESS 1 Kemper Drive
CITY-ST-ZIP Long Grove, IL 60049-0001

TITLE VP
NAME Robert P. Hames
STREET ADDRESS 1 Kemper Drive
CITY-ST-ZIP Long Grove, IL 60049-0001

TITLE S
NAME John K. Conway
STREET ADDRESS 1 Kemper Drive
CITY-ST-ZIP Long Grove, IL 60049-0001

TITLE T
NAME Michael A. Finelli, Jr.
STREET ADDRESS 1 Kemper Drive
CITY-ST-ZIP Long Grove, IL 60049-0001