

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 805183

1-Entity Name

SPECIALTY NATIONAL INSURANCE COMPANY

Principal Place of Business

1 KEMPER DRIVE
LONE GROVE IL 60049-0001
US

Mailing Address

1 KEMPER DRIVE
LONE GROVE IL 60049-0001
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

Name INSURANCE COMMISSIONER

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

THE CAPITOL

City

TALLAHASSEE

FL

Zip Code
32304

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME T
STREET ADDRESS FINELLI, MICHAEL A JR
CITY-ST-ZIP ONE KEMPER DRIVE
LONG GROVE IL 60049

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME PD
STREET ADDRESS KARTCHNER, VICKIE FAY
CITY-ST-ZIP ONE KEMPER DRIVE
LONG GROVE IL 60049

TITLE ☐ Change ☒ Addition
NAME PCEO
STREET ADDRESS HICKEY, WILLIAM A
CITY-ST-ZIP ONE KEMPER DRIVE
LONG GROVE, IL 60049

TITLE ☐ Delete
NAME VP/D
STREET ADDRESS JOSEPHSON, MURAL R
CITY-ST-ZIP ONE KEMPER DRIVE
LONG GROVE IL 60049

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME S
STREET ADDRESS CONWAY, JOHN K
CITY-ST-ZIP ONE KEMPER DRIVE
LONG GROVE IL 60049

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME CD
STREET ADDRESS SMITH, WILLIAM D
CITY-ST-ZIP ONE KEMPER DRIVE
LONG GROVE IL 60049

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

John K. Conway

4/8/02

(847) 320-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

00000018 AT

FILED

02 APR 12 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE



2el 2

ACCOUNT NO. : 072100000032

REFERENCE : 521414 4728366

AUTHORIZATION :

COST LIMIT : \$150.00

Patricia Pygus

ORDER DATE : April 10, 2002

ORDER TIME : 11:41 AM

ORDER NO. : 521414-050

CUSTOMER NO: 4728366

CUSTOMER: Ms. Susan Wilson
Kemper
Legal Dept C-3
1 Kemper Drive
Long Grove, IL 60049

RECEIVED
02 APR 12 PM 12:08
DEPARTMENT OF STATE
DIVISION OF CORPORATE
FINANCIAL SERVICES
FALL ANNUAL REPORT

ANNUAL REPORT FILING

NAME: SPECIALTY NATIONAL INSURANCE
COMPANY

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS: _____