

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000001893

1. Entity Name

SPECIALTY SURPLUS INSURANCE COMPANY

Principal Place of Business

7501 E. MCCORMICK PARKWAY  
SCOTTSDALE AZ 85258

Mailing Address

7501 E. MCCORMICK PARKWAY  
SCOTTSDALE AZ 85258

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

22-1688641

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 32301-2525

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 \$550.00**  
**After September 12, 2001 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME KARTCHNER, VICKIE F  
STREET ADDRESS 1 KEMPER DRIVE  
CITY-ST-ZIP LONG GROVE IL 60049 ☐ Delete

TITLE  
NAME 800004543098-1-8  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE V  
NAME DANIEL, ROBERT  
STREET ADDRESS 1 KEMPER DRIVE  
CITY-ST-ZIP LONG GROVE IL 60049 ☐ Delete

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

TITLE V  
NAME HAMES, ROBERT  
STREET ADDRESS 1 KEMPER DRIVE  
CITY-ST-ZIP LONG GROVE IL 60049 ☐ Delete

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

TITLE VD  
NAME JOSEPHSON, MURAL R  
STREET ADDRESS 1 KEMPER DRIVE  
CITY-ST-ZIP LONG GROVE IL 60049 ☐ Delete

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

TITLE S  
NAME CONWAY, JOHN K  
STREET ADDRESS 1 KEMPER DRIVE  
CITY-ST-ZIP LONG GROVE IL 60049 ☐ Delete

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

TITLE T  
NAME FINELLI, MICHAEL A JR  
STREET ADDRESS 1 KEMPER DRIVE  
CITY-ST-ZIP LONG GROVE IL 60049 ☐ Delete

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

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John K. Conway

8/14/01 (847) 320-2000

Date

Daytime Phone #

APPROVED  
FILED

01 AUG 20 AM 5:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

0136756 AT

CR2E034 (5/01)



ACCOUNT NO. : 072100000032  
REFERENCE : 430273 4728366  
AUTHORIZATION : *Patricia Pizit*  
COST LIMIT : \$ 550.00

ORDER DATE : August 17, 2001

ORDER TIME : 1:21 PM

ORDER NO. : 430273-015

CUSTOMER NO: 4728366

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

ANNUAL REPORT FILING

NAME: SPECIALTY SURPLUS 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: Unassigned - Ext. 1112

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2001 AUG 20 PM 2:33  
NOT RETURNED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING