

2002 UNIFORM BUSINESS REPORT (UBR)

0614325 AT

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
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's 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 NAME STREET ADDRESS CITY-ST-ZIP	PD KARTCHNER, VICKIE F 1 KEMPER DRIVE LONG GROVE IL 60049	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DANIEL, ROBERT 1 KEMPER DRIVE LONG GROVE IL 60049	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAMES, ROBERT 1 KEMPER DRIVE LONG GROVE IL 60049	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOSEPHSON, MURAL R 1 KEMPER DRIVE LONG GROVE IL 60049	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONWAY, JOHN K 1 KEMPER DRIVE LONG GROVE IL 60049	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FINELLI, MICHAEL A JR 1 KEMPER DRIVE LONG GROVE IL 60049	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HICKEY, WILLIAM A ONE KEMPER DRIVE LONG GROVE, IL 60049	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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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)

FILED

02 APR 12 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

[Handwritten Signature]

Zeel 2



ACCOUNT NO. : 072100000032

REFERENCE : 521414 4728366

AUTHORIZATION : Patricia Pygott

COST LIMIT : \$ 150.00

ORDER DATE : April 10, 2002

ORDER TIME : 11:42 AM

ORDER NO. : 521414-055

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 REGISTRATION
TALLAHASSEE, FLORIDA

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: Deborah Schroder - Ext. 1118

EXAMINER'S INITIALS: _____