2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # F0000001893

1. Entity Name

SPECIALTY SURPLUS INSURANCE COMPANY



FILED Apr 26, 2007 8:00 am Secretary of State

04-26-2007 90202 012 ***150.00

1 KEMPER DRIVE		Mailing Address 1 KEMPER DRIVE LONG GROVE, IL 60049		_				
2. Principal Place of Business - No P.O. Box # 3.		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04062007	04062007 Chg-P CR2E034 (12/06)			
City & State		City & State			4. FEI Number Applied For 22-1688641 Not Applicable			
Zip	Country	Zip	Country	5. Certificate	of Status Desired		8.75 Add	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Reg	istered Aç	ent	
INSURANCE COMMISSIONER THE CAPITAL TALLAHASSEE, FL 32304			Street A	Address (P.O. Box Numb	ress (P.O. Box Number is Not Acceptable)			
			City	<u>. </u>		FL	Zip Code)
the obligati	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	registered office of	or registered agent, or bo	oth, in the State of Florid		 miliar with,	and accept
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NQTE	Registered Agent signa	ture required when reinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaig Trust Fund Contri		\$5.00 May Be Added to Fees				
10.	OFFICERS AND		11.	ADDITIONS	/CHANGES TO OFFICE	RS AND [DIRECTORS	3 IN 11
TITLE	СОВ	🗶 Defete	TITLE				☐ Change	☐ Addition
NAME	MATHIS, DAVID B		NAME					
STREET ADDRESS CITY-ST-ZIP	ONE KEMPER DRIVE LONG GROVE, IL 60049		STREET ADDRESS CITY-ST-ZIP					
TITLE	P	☐ Delete	TITLE	PRESIDENT	CHAIRMAN OF THE BOA		Change	Addition
NAME	DOUGLAS, ANDREWS S	□ Delete	NAME		OF THE BOA	ard '	710 m	
STREET ADDRESS	1 KEMPER DR		STREET ADDRESS			-,	UIKEC	TOR
CITY-ST-ZIP	LONG GROVE, IL 60049		CITY-ST-ZIP					
TITLE	V	☐ Delete	TITLE				Change	Addition
NAME	HAMES, ROBERT		NAME					
STREET ADDRESS	1 KEMPER DRIVE		STREET ADDRESS					
CITY-ST-ZIP	LONG GROVE, IL 60049	П	CITY-ST-ZIP	 				
TITLE NAME	S CONWAY, JOHN K	☐ Delete	TITLE NAME			1	Change	☐ Addition
STREET ADORESS	1 KEMPER DRIVE		STREET ADDRESS					
CITY-ST-ZIP	LONG GROVE, IL 60049		CITY-ST-ZIP					
THILE	V	☐ Delete	TITLE				☐ Change	☐ Addition
NAME	KIST, FREDERICK O		NAME					
STREET ADDRESS	1 KEMPER DRIVE		STREET ADDRESS					
CITY-ST-ZIP	LONG GROVE, IL 60049		CITY-ST-ZIP					<u>. </u>
TITLE	See attached	☐ Delete	TITLE			I	☐ Change	☐ Addition
NAME STREET LODDFOC	JEE WARENESS		NAME	1				
STREET ADDRESS			CIDEET ADDRESS					
CITY-ST-ZIP			STREET ADDRESS CHY-ST-ZIP					

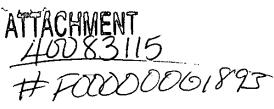
SIGNATURE:

J.K. CONWAY

4-16-07

847-320-3262

Daytime Phone #



Directors, Officers Report

Specialty Surplus Insurance Company

Monday, April 09, 2007

DIRECTORS

Douglas Sean Andrews Chairman of the Board

First Elected: Tuesday, May 16,

2006

Director

First Elected: Monday, May 15,

2006

John Keating Conway Director

First Elected: Monday, February

23, 2004

Benjamin David L. Schwartz Director

First Elected: Thursday, September

29, 2005

OFFICERS

Douglas Sean Andrews President

First Elected: Friday, January 07,

2005

Fred T Griffith Chief Financial Officer

First Elected: Thursday, February

22, 2007

Robert Paul Hames Vice President

First Elected: Monday, January 03,

2000

Frederick Otto Kist Vice President

First Elected: Monday, August 09,

2004

Benjamin David L. Schwartz Vice President

First Elected: Thursday, September

29, 2005

John Keating Conway Secretary

First Elected: Tuesday, December

31, 2002

G. Andrew Cooke Treasurer

First Elected: Thursday, September

29, 2005