

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90084 029 ***150.00

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1. Entity Name
SPECIALTY SURPLUS INSURANCE COMPANY



Principal Place of Business
1 KEMPER DRIVE
LONG GROVE, IL 60049

Mailing Address
1 KEMPER DRIVE
LONG GROVE, IL 60049

40075146



03062008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

INSURANCE COMMISSIONER
THE CAPITAL
TALLAHASSEE, FL 32304

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCOB
DOUGLAS, ANDREWS S
1 KEMPER DR
LONG GROVE, IL 60049

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
KIST, FREDERICK O
1 KEMPER DRIVE
LONG GROVE, IL 60049

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN K. CONWAY

Date

4-14-08

Daytime Phone #

847-320-2000

ATTACHMENT

Directors, Officers Report

Specialty Surplus Insurance Company

40075146
F0000001893

Thursday, April 10, 2008

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

address for all:
1 KEMPER DRIVE
LONG GROVE, IL 60049

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