

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001893

FILED
Apr 06, 2009
Secretary of State

Entity Name: SPECIALTY SURPLUS INSURANCE COMPANY

Current Principal Place of Business:

1 KEMPER DRIVE
LONG GROVE, IL 60049

New Principal Place of Business:

Current Mailing Address:

1 KEMPER DRIVE
LONG GROVE, IL 60049

New Mailing Address:

1 KEMPER DRIVE
12NWC-0102
LONG GROVE, IL 60049

FEI Number: 22-1688641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INSURANCE COMMISSIONER
THE CAPITAL
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCOB () Delete
Name: DOUGLAS, ANDREWS S
Address: 1 KEMPER DR
City-St-Zip: LONG GROVE, IL 60049

Title: V () Delete
Name: HAMES, ROBERT
Address: 1 KEMPER DRIVE
City-St-Zip: LONG GROVE, IL 60049

Title: S () Delete
Name: CONWAY, JOHN K
Address: 1 KEMPER DRIVE
City-St-Zip: LONG GROVE, IL 60049

Title: V () Delete
Name: KIST, FREDERICK O
Address: 1 KEMPER DRIVE
City-St-Zip: LONG GROVE, IL 60049

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN K. CONWAY

S

04/06/2009

Electronic Signature of Signing Officer or Director

_____ Date