

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10 of 2

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AT

DOCUMENT # F00000001893



FILED

03 MAY -2 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

☒ CHECK HERE IF MAKING CHANGES

03

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

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32304

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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO HICKEY, WILLIAM A ONE 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 checked="" 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 checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Mathis, David B. One Kemper Drive Long Grove, IL 60049	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Smith, Clare B. One Kemper Drive Long Grove, IL 60049	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE REQUIRED
John K. Conway/Secretary

4.24.03

847/320-2955

Date

Daytime Phone #

CR2E034 (10/02)

20f2



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 075311 4728366

AUTHORIZATION :

Patricia Pizutto

COST LIMIT : \$ 150.00

ORDER DATE : April 30, 2003

ORDER TIME : 10:35 AM

ORDER NO. : 075311-025

CUSTOMER NO: 4728366

CUSTOMER: Mary Jo Buttstadt, Legal Asst
Kemper
Legal Dept C-3
1 Kemper Drive
Long Grove, IL 60049

ANNUAL REPORT FILING

RECEIVED
03 MAY - 2 11:44
DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: SPECIALTY SURPLUS INSURANCE
COMPANY

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret - Ext. 1149

EXAMINER'S INITIALS: _____