

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90297 022 ***150.00

DOCUMENT # F00000002959

1. Entity Name
NATIONAL SPECIALTY UNDERWRITERS, INC.



Principal Place of Business
**155 108TH AVE NE, STE 800
BELLEVUE, WA 98004**

Mailing Address
**155 108TH AVE NE, STE 800
BELLEVUE, WA 98004**

40070310



DO NOT WRITE IN THIS SPACE

04132006 No Chg-P CR2E034 (11/05)

4. FEI Number
91-1676725

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**EGAN, THOMAS
2385 EXECUTIVE CENTER RD, STE 100
BOCA RATON, FL 33431**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RANDALL, CHRIS
STREET ADDRESS	155 108TH AVE NE SUITE 800
CITY - ST - ZIP	BELLEVUE, WA
TITLE	V
NAME	ROWLAND III, DUDLEY E
STREET ADDRESS	155 108TH AVE NE SUITE 800
CITY - ST - ZIP	BELLEVUE, WA
TITLE	Treasurer
NAME	Karen Herold
STREET ADDRESS	155 108th Ave NE, Suite 800
CITY - ST - ZIP	Bellevue, WA 98004
TITLE	Secretary
NAME	Karen Herold
STREET ADDRESS	155 108th Ave NE, Suite 800
CITY - ST - ZIP	Bellevue, WA 98004
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: Karen K. Herold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/06 425-450-1090
Date Daytime Phone #