




# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2005 8:00 am**  
**Secretary of State**

02-23-2005 90082 030 \*\*\*150.00

<b>DOCUMENT # F02000003738</b> 1. Entity Name <b>UNITED NATIONAL SPECIALTY INSURANCE COMPANY</b>					
Principal Place of Business <b>THREE BALA PLAZA EAST SUITE 300 BALA CYNWYD, PA 19004</b>			Mailing Address <b>THREE BALA PLAZA EAST, SUITE 300 BALA CYNWYD, PA 19004</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		02072005    Chg-P    CR2E034 (10/03)	
Zip                      Country		Zip                      Country		4. FEI Number <b>39-0992335</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CHIEF FINANCIAL OFFICER P.O. BOX 6200 (32314-6200) 200 E. GAINES ST. TALLAHASSEE, FL 32399</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>FREUDBERG, SETH D</b> <b>THREE BALA PLAZA EAST, SUITE 300</b> <b>BALA CYNWYD, PA 19004</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President/CEO</b> <b>William F. Schmidt</b> <b>Three Bala Plaza East, Suite 300</b> <b>Bala Cynwyd, PA 19004</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>COHEN, ROBERT</b> <b>THREE BALA PLAZA EAST, SUITE 300</b> <b>BALA CYNWYD, PA 19004</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>MARCH, RICHARD S</b> <b>THREE BALA PLAZA EAST, SUITE 300</b> <b>BALA CYNWYD, PA 19004</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>RITZ, JONATHAN P</b> <b>THREE BALA PLAZA EAST, SUITE 300</b> <b>BALA CYNWYD, PA 19004</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SCHMIDT, WILLIAM F</b> <b>THREE BALA PLAZA EAST, SUITE 300</b> <b>BALA CYNWYD, PA 19004</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sr. VP/Chief UW Officer</b> <b>Daniel Spragg</b> <b>Three Bala Plaza East, Suite 300</b> <b>Bala Cynwyd, PA 19004</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>TATE, KEVIN L</b> <b>THREE BALA PLAZA EAST, SUITE 300</b> <b>BALA CYNWYD, PA 19004</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
<b>SIGNATURE:</b>  <b>Kevin L. Tate, Treasurer/Sr. VP</b> (610) 664-1500 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					