


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2006 8:00 am
Secretary of State

07-20-2006 90001 027 ***158.75

DOCUMENT # F02000003738	
1. Entity Name UNITED NATIONAL SPECIALTY INSURANCE COMPANY	

Principal Place of Business THREE BALA PLAZA EAST SUITE 300 BALA CYNWYD, PA 19004	Mailing Address THREE BALA PLAZA EAST, SUITE 300 BALA CYNWYD, PA 19004
---	--

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07072006 Chg-P CR2E034 (11/05)

4. FEI Number 39-0992335		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P.O. BOX 6200 (32314-6200) 200 E. GAINES ST. TALLAHASSEE, FL 32399		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SCHMIDT, WILLIAM F THREE BALA PLAZA EAST, SUITE 300 BALA CYNWYD, PA 19004 <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	V COHEN, ROBERT THREE BALA PLAZA EAST, SUITE 300 BALA CYNWYD, PA 19004 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary March, Richard S. Three Bala Plaza, East, Suite 300 Bala Cynwyd, PA 19004 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MARCH, RICHARD S THREE BALA PLAZA EAST, SUITE 300 BALA CYNWYD, PA 19004 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. V.P., C.F.O., Treasurer Boyle, Joseph M. Three Bala Plaza, East, Suite 300 Bala Cynwyd, PA 19004 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RITZ, JONATHAN P THREE BALA PLAZA EAST, SUITE 300 BALA CYNWYD, PA 19004 <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	SRVP SPRAGG, DANIEL THREE BALA PLAZA EAST, SUITE 300 BALA CYNWYD, PA 19004 <input checked="" 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	DV TATE, KEVIN L THREE BALA PLAZA EAST, SUITE 300 BALA CYNWYD, PA 19004 <input checked="" 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 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]* *Daniel P. McFadden* *7/16/06* *610 660 5478*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #