

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003738

FILED  
Feb 15, 2012  
Secretary of State

**Entity Name:** UNITED NATIONAL SPECIALTY INSURANCE COMPANY

**Current Principal Place of Business:**

THREE BALA PLAZA EAST  
SUITE 300  
BALA CYNWYD, PA 19004

**New Principal Place of Business:**

**Current Mailing Address:**

THREE BALA PLAZA EAST  
SUITE 300  
BALA CYNWYD, PA 19004

**New Mailing Address:**

**FEI Number:** 39-0992335

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P.O. BOX 6200 (32314-6200)  
200 E. GAINES ST.  
TALLAHASSEE, FL 32399 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

**OFFICERS AND DIRECTORS:**

Title: EXVP  
Name: SCOTT, MATTHEW B  
Address: THREE BALA PLAZA EAST STE. 300  
City-St-Zip: BALA CYNWYD, PA 19004

Title: S  
Name: HOHN, LINDA C  
Address: THREE BALA PLAZA EAST, SUITE 300  
City-St-Zip: BALA CYNWYD, PA 19004

Title: TRES  
Name: MCGEEHAN, THOMAS M  
Address: THREE BALA PLAZA EAST, SUITE 300  
City-St-Zip: BALA CYNWYD, PA 19004

I hereby 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 all other like empowered.

SIGNATURE: THOMAS M. MCGEEHAN

VP

02/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date