

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

0619438 AT

DOCUMENT # F02000003738

1. Entity Name
UNITED NATIONAL SPECIALTY INSURANCE COMPANY, INC



05-02-2003 90747 006 ***150.00

Principal Place of Business
**411 EAST WISCONSIN AVENUE, SUITE 700
MILWAUKEE WI 53202**

Mailing Address
**THREE BALA PLAZA EAST, SUITE 300
BALA CYNWYD PA 19004**



2. Principal Place of Business
Three Bala Plaza East

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 300

City & State

City & State

Bala Cynwyd, PA

Zip

Country

Zip

Country

19004

U.S.

4. FEI Number **39-0992335**

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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
**P
FREUDBERG, SETH D
THREE BALA PLAZA EAST, SUITE 300
BALA CYNWYD PA 19004** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
COHEN, ROBERT
THREE BALA PLAZA EAST, SUITE 300
BALA CYNWYD PA 19004** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
MARCH, RICHARD S
THREE BALA PLAZA EAST, SUITE 300
BALA CYNWYD PA 19004** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
RITZ, JONATHAN P
THREE BALA PLAZA EAST, SUITE 300
BALA CYNWYD PA 19004** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
SCHMIDT, WILLIAM F
THREE BALA PLAZA EAST, SUITE 300
BALA CYNWYD PA 19004** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
TATE, KEVIN L
THREE BALA PLAZA EAST, SUITE 300
BALA CYNWYD PA 19004** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

THOMAS P. FICK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03
Date

610-660-3676
Daytime Phone #

CR2E034 (10/02)