

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003150

FILED
Jul 01, 2008
Secretary of State

Entity Name: NATIONAL SPECIALTY INSURANCE COMPANY

Current Principal Place of Business:

8200 ANDERSON BLVD.
FORT WORTH, TX 76120

New Principal Place of Business:

Current Mailing Address:

8200 ANDERSON BLVD.
FORT WORTH, TX 76120

New Mailing Address:

FEI Number: 75-2816775 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: LEDBETTER, LONNIE K
Address: 8200 ANDERSON BLVD.
City-St-Zip: FORT WORTH, TX 76120

Title: PD () Delete
Name: LEDBETTER, TERRY L
Address: 8200 ANDERSON BLVD.
City-St-Zip: FORT WORTH, TX 76120

Title: VD () Delete
Name: LEDBETTER, LONNIE K III
Address: 8200 ANDERSON BLVD.
City-St-Zip: FORT WORTH, TX 76120

Title: SD () Delete
Name: BLACKBURN, WYATT D
Address: 8200 ANDERSON BLVD.
City-St-Zip: FORT WORTH, TX 76120

Title: TD () Delete
Name: HALE, DAVID D
Address: 8200 ANDERSON BLVD.
City-St-Zip: FORT WORTH, TX 76120

Title: AS () Delete
Name: CLEFF, DAVID M
Address: 8200 ANDERSON BLVD.
City-St-Zip: FORT WORTH, TX 76120

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DAVID M. CLEFF

_____ Electronic Signature of Signing Officer or Director

AS

07/01/2008

_____ Date