

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003150

FILED  
Feb 01, 2010  
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:**

1900 L DON DODSON DRIVE  
BEDFORD, TX 76021

**Current Mailing Address:**

8200 ANDERSON BLVD.  
FORT WORTH, TX 76120

**New Mailing Address:**

1900 L DON DODSON DRIVE  
BEDFORD, TX 76021

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  
Name: LEDBETTER, LONNIE K  
Address: 1900 L DON DODSON DRIVE  
City-St-Zip: BEDFORD, TX 76021

Title: PD  
Name: LEDBETTER, TERRY L  
Address: 1900 L DON DODSON DRIVE  
City-St-Zip: BEDFORD, TX 76021

Title: VD  
Name: LEDBETTER, LONNIE K III  
Address: 1900 L DON DODSON DRIVE  
City-St-Zip: BEDFORD, TX 76021

Title: SD  
Name: BLACKBURN, WYATT D  
Address: 1900 L DON DODSON DRIVE  
City-St-Zip: BEDFORD, TX 76021

Title: TD  
Name: HALE, DAVID D  
Address: 1900 L DON DODSON DRIVE  
City-St-Zip: BEDFORD, TX 76021

Title: AS  
Name: CLEFF, DAVID M  
Address: 1900 L DON DODSON DRIVE  
City-St-Zip: BEDFORD, TX 76021

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: DAVID M. CLEFF

AS

02/01/2010

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

\_\_\_\_\_ Date