

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24 1997 8:00am
Secretary of State

DOCUMENT # **F96000006360 (9)**

1. Corporation Name
SPECIALTY UNDERWRITERS, INC.



Principal Place of Business
**9667 SOUTH 20TH STREET
OAK CREEK WI 53154**

Mailing Address
**9667 SOUTH 20TH STREET
OAK CREEK WI 53154-4931**

3. Date Incorporated or Qualified 12/06/1996	3a. Date of Last Report
4. FEI Number 39-1415053	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**BOYNTON, WILLIAM D
8751 WEST BROWARD BOULEVARD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP & SEC	1.1 TITLE	VICE PRES & SEC & DIR
NAME	POLASKI, MICHAEL J	1.2 NAME	MICHAEL J. POLASKI
STREET ADDRESS	9667 SOUTH 20TH STREET	1.3 STREET ADDRESS	
CITY-STATE-ZIP	OAK CREEK WI 53154	1.4 CITY-STATE-ZIP	
TITLE	D	2.1 TITLE	
NAME	PARRISH, PATRICK R	2.2 NAME	
STREET ADDRESS	9667 SOUTH 20TH STREET	2.3 STREET ADDRESS	
CITY-STATE-ZIP	OAK CREEK WI 53154	2.4 CITY-STATE-ZIP	
TITLE	D	3.1 TITLE	
NAME	NICHOLS, THOMAS J	3.2 NAME	
STREET ADDRESS	9667 SOUTH 20TH STREET	3.3 STREET ADDRESS	
CITY-STATE-ZIP	OAK CREEK WI 53154	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	PRESIDENT & TREAS & DIR
NAME		4.2 NAME	MICHAEL H. POLASKI
STREET ADDRESS		4.3 STREET ADDRESS	9667 S. 20TH STREET
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	OAK CREEK, WI 53154
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael J. Polaski 3-17-97 414-281-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0011141

CR2E034 (9/96)