FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
'95 APR 28 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P15813 (9)

1. Corporation Name
U.S. SPECIALTY INSURANCE COMPANY

Principal Place of Business	Mailing Address
411 AVIATION WAY FREDERICK MD 21701	411 AVIATION WAY FREDERICK MD 21701

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/03/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 52-1504975 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	CONDON, WILLIAM P.	12 NAME	
STREET ADDRESS	11510 BOTTOMLEY ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	THURMONT MD	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	SHETTLE, JOHN F. JR.	22 NAME	
STREET ADDRESS	4710 ROLAND AVE.	23 STREET ADDRESS	
CITY-ST-ZIP	BALTIMORE MD	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	CHERO, THOMAS H.	32 NAME	
STREET ADDRESS	15233 DUFIEF DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	GAITHERSBURG MD	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	YUSKA, JOHN R.	42 NAME	
STREET ADDRESS	5464 MARLIN STREET	43 STREET ADDRESS	
CITY-ST-ZIP	ROCKVILLE MD	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	WILSON, RONALD H.	52 NAME	
STREET ADDRESS	195 SPENCER ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERS MO	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	BALLARD, JOHN H.	62 NAME	
STREET ADDRESS	441 AVIATION WAY	63 STREET ADDRESS	
CITY-ST-ZIP	FREDERICK MD	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] Ronald H. Wilson 04-21-95 314-928-9019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0408700 FN