

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91030 026 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P29101																																																																																																																																																											
1. Entity Name ORION SPECIALTY GROUP, INC.																																																																																																																																																											
Principal Place of Business 9300 ARROWPOINT BLVD. CHARLOTTE, NC 28273		Mailing Address P.O. BOX 100 CHARLOTTE, NC 28273																																																																																																																																																									
2. Principal Place of Business		3. Mailing Address P.O. Box 1000																																																																																																																																																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																																									
City & State		City & State		4. FEI Number 06-1287147																																																																																																																																																							
Zip		Zip		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																																																																																																																																							
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent																																																																																																																																																							
				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 _____ (NOTE: Registered Agent's signature required when resigning) 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																																																																																																																																																							
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th colspan="3">10. OFFICERS AND DIRECTORS</th><th colspan="3">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th></tr></thead><tbody><tr><td style="width: 15%;">TITLE</td><td style="width: 45%;">C</td><td style="width: 40%; text-align: right;">☒ Delete</td><td style="width: 15%;">TITLE</td><td style="width: 45%;">Treasurer</td><td style="width: 40%; text-align: right;">☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td>BRODERICK, TERRY</td><td></td><td>NAME</td><td>Gwyn Fuller</td><td></td></tr><tr><td>STREET ADDRESS</td><td>9300 ARROWPOINT BLVD.</td><td></td><td>STREET ADDRESS</td><td>9300 Arrowpoint Blvd.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>CHARLOTTE, NC 28273</td><td></td><td>CITY-ST-ZIP</td><td>Charlotte, NC 28273</td><td></td></tr><tr><td>TITLE</td><td>DSVG</td><td style="text-align: right;">☒ Delete</td><td>TITLE</td><td>DSVPGC</td><td style="text-align: right;">☐ Change ☒ Addition</td></tr><tr><td>NAME</td><td>WHEELER, JOYCE W</td><td></td><td>NAME</td><td>Laura S. Lawrence</td><td></td></tr><tr><td>STREET ADDRESS</td><td>9300 ARROWPOINT BLVD</td><td></td><td>STREET ADDRESS</td><td>9300 Arrowpoint Blvd.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>CHARLOTTE, NC 28201</td><td></td><td>CITY-ST-ZIP</td><td>Charlotte, NC 28273</td><td></td></tr><tr><td>TITLE</td><td>SVP</td><td style="text-align: right;">☐ Delete</td><td>TITLE</td><td></td><td style="text-align: right;">☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td>FISHER, JOSEPH F</td><td></td><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td>9300 ARROWPOINT BLVD.</td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>CHARLOTTE, NC 28273</td><td></td><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td>CS</td><td style="text-align: right;">☒ Delete</td><td>TITLE</td><td>CS</td><td style="text-align: right;">☐ Change ☒ Addition</td></tr><tr><td>NAME</td><td>SPITZER, JUDY S</td><td></td><td>NAME</td><td>Linda Y. Pettigrew</td><td></td></tr><tr><td>STREET ADDRESS</td><td>9300 ARROWPOINT BLVD.</td><td></td><td>STREET ADDRESS</td><td>9300 Arrowpoint Blvd.</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>CHARLOTTE, NC 28273</td><td></td><td>CITY-ST-ZIP</td><td>Charlotte, NC 28273</td><td></td></tr><tr><td>TITLE</td><td>DP</td><td style="text-align: right;">☐ Delete</td><td>TITLE</td><td></td><td style="text-align: right;">☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td>MULREADY, STEPHEN M</td><td></td><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td>9 FARM SPRINGS RD</td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>FARMINGTON, CT</td><td></td><td>CITY-ST-ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td>CFO</td><td style="text-align: right;">☐ Delete</td><td>TITLE</td><td></td><td style="text-align: right;">☐ Change ☐ Addition</td></tr><tr><td>NAME</td><td>FISHER, JOSEPH F</td><td></td><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td>9300 ARROWPOINT BLVD.</td><td></td><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>CHARLOTTE, NC 28273</td><td></td><td>CITY-ST-ZIP</td><td></td><td></td></tr></tbody></table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	C	☒ Delete	TITLE	Treasurer	☐ Change ☐ Addition	NAME	BRODERICK, TERRY		NAME	Gwyn Fuller		STREET ADDRESS	9300 ARROWPOINT BLVD.		STREET ADDRESS	9300 Arrowpoint Blvd.		CITY-ST-ZIP	CHARLOTTE, NC 28273		CITY-ST-ZIP	Charlotte, NC 28273		TITLE	DSVG	☒ Delete	TITLE	DSVPGC	☐ Change ☒ Addition	NAME	WHEELER, JOYCE W		NAME	Laura S. Lawrence		STREET ADDRESS	9300 ARROWPOINT BLVD		STREET ADDRESS	9300 Arrowpoint Blvd.		CITY-ST-ZIP	CHARLOTTE, NC 28201		CITY-ST-ZIP	Charlotte, NC 28273		TITLE	SVP	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	FISHER, JOSEPH F		NAME			STREET ADDRESS	9300 ARROWPOINT BLVD.		STREET ADDRESS			CITY-ST-ZIP	CHARLOTTE, NC 28273		CITY-ST-ZIP			TITLE	CS	☒ Delete	TITLE	CS	☐ Change ☒ Addition	NAME	SPITZER, JUDY S		NAME	Linda Y. Pettigrew		STREET ADDRESS	9300 ARROWPOINT BLVD.		STREET ADDRESS	9300 Arrowpoint Blvd.		CITY-ST-ZIP	CHARLOTTE, NC 28273		CITY-ST-ZIP	Charlotte, NC 28273		TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	MULREADY, STEPHEN M		NAME			STREET ADDRESS	9 FARM SPRINGS RD		STREET ADDRESS			CITY-ST-ZIP	FARMINGTON, CT		CITY-ST-ZIP			TITLE	CFO	☐ Delete	TITLE		☐ Change ☐ Addition	NAME	FISHER, JOSEPH F		NAME			STREET ADDRESS	9300 ARROWPOINT BLVD.		STREET ADDRESS			CITY-ST-ZIP	CHARLOTTE, NC 28273		CITY-ST-ZIP		
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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 record; 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 _____ Linda Y. Pettigrew, Corp. Secretary 4/2/2003																																																																																																																																																											
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																																																																																																																																											