

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003738

Entity Name: UNITED NATIONAL SPECIALTY INSURANCE COMPANY

Current Principal Place of Business:

THREE BALA PLAZA EAST
SUITE 300
BALA CYNWYD, PA 19004

Current Mailing Address:

THREE BALA PLAZA EAST
SUITE 300
BALA CYNWYD, PA 19004

FEI Number: 39-0992335

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E. GAINES ST.
TALLAHASSEE, FL 32399 US

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

Officer/Director Detail :

Title EXVP
Name SCOTT, MATTHEW B
Address THREE BALA PLAZA EAST STE. 300
City-State-Zip: BALA CYNWYD PA 19004

Title S
Name HOHN, LINDA C
Address THREE BALA PLAZA EAST, SUITE 300
City-State-Zip: BALA CYNWYD PA 19004

Title TRES
Name MCGEEHAN, THOMAS M
Address THREE BALA PLAZA EAST, SUITE 300
City-State-Zip: BALA CYNWYD PA 19004

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: THOMAS M. MCGEEHAN

VICE PRESIDENT

05/01/2014

Electronic Signature of Signing Officer/Director Detail

Date