

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000003150

**Entity Name:** NATIONAL SPECIALTY INSURANCE COMPANY

**Current Principal Place of Business:**

1900 L DON DODSON DRIVE  
BEDFORD, TX 76021

**Current Mailing Address:**

1900 L DON DODSON DRIVE  
BEDFORD, TX 76021

**FEI Number: 75-2816775**

**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            PRESIDENT, CEO & CHAIRMAN OF  
                    THE BOARD  
Name            LEDBETTER, TERRY L  
Address        1900 L DON DODSON DRIVE  
City-State-Zip: BEDFORD TX 76021

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

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

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

Title            PRESIDENT  
Name            FREEMAN, MATTHEW A  
Address        1900 L DON DODSON DRIVE  
City-State-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: LONNIE K. LEDBETTER, III**

**SECRETARY**

**04/10/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date