

**2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000005383

**Entity Name:** INDEPENDENT SPECIALTY INSURANCE COMPANY

**Current Principal Place of Business:**

160 GREENTREE DRIVE, SUITE 101  
DOVER, DE 19904

**Current Mailing Address:**

1900 L. DON DODSON DRIVE  
BEDRORD, TX 76021 US

**FEI Number:** 34-0860093

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 C  
Name LEDBETTER, TERRY L  
Address 1900 L. DON DODSON DRIVE  
City-State-Zip: BEDFORD TX 76021

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

Title P  
Name FREEMAN, MATTHEW A  
Address 1900 L. DON DODSON DRIVE  
City-State-Zip: BEDFORD TX 76021

Title TREASURER  
Name DUFF, APRIL LYNN  
Address 4521 HIGHWOODS PKWY  
City-State-Zip: GLEN ALLEN VA 23060

*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:** DAVID M CLEFF

**SECRETARY**

**04/02/2019**

Electronic Signature of Signing Officer/Director Detail

Date