

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000003312

Entity Name: SPECIALTY INSURANCE CLAIM SERVICES CORP.

Current Principal Place of Business:

7000 MIDLAND BLVD
AMELIA, OH 45102

Current Mailing Address:

7000 MIDLAND BLVD
AMELIA, OH 45102-2607 US

FEI Number: 34-1894203

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR, SUITE A
TALLAHASSEE, FL 32301 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 CEO
Name RIOS, MANUEL Z
Address 7000 MIDLAND BLVD
City-State-Zip: AMELIA OH 45102-2607

Title SVP
Name CAMPBELL, JOHN G
Address 7000 MIDLAND BLVD
City-State-Zip: AMELIA OH 45102-2607

Title SVP
Name DOWD, J RICHARD
Address 7000 MIDLAND BLVD
City-State-Zip: AMELIA OH 45102-2607

Title SVP
Name TIERNEY, JAMES P
Address 7000 MIDLAND BLVD
City-State-Zip: AMELIA OH 45102-2607

Title TREASURER
Name HINKLE, JAMES E III
Address 7000 MIDLAND BLVD
City-State-Zip: AMELIA OH 45102-2607

Title SECRETARY
Name GRIFFITH, CHARLES S III
Address 7000 MIDLAND BLVD
City-State-Zip: AMELIA OH 45102-2607

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: JAMES P. TIERNEY

SENIOR VICE PRESIDENT 04/29/2013

Electronic Signature of Signing Officer/Director Detail

Date