

**2015 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

**FILED**  
**Apr 30, 2015**  
**Secretary of State**  
**CC3539957212**

**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            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 04/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date