

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000003312

**FILED**  
**Mar 24, 2017**  
**Secretary of State**  
**CC4285099608**

**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           TREASURER, SVP  
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

Title           SVP, DIRECTOR  
Name           GOBONYA, RENE'  
Address        7000 MIDLAND BLVD  
City-State-Zip: AMELIA OH 45102-2607

Title           PRESIDENT, CEO, DIRECTOR  
Name           KLEINER, ANDREAS M  
Address        7000 MIDLAND BLVD  
City-State-Zip: AMELIA OH 45102-2607

Title           SVP  
Name           MCNUTT, DAVID C  
Address        7000 MIDLAND BLVD  
City-State-Zip: AMELIA OH 45102-2607

Title           SVP  
Name           MORREALE, KEVIN M  
Address        7000 MIDLAND BLVD  
City-State-Zip: AMELIA OH 45102-2607

Title           VP  
Name           CROWLEY, ROBERT P  
Address        7000 MIDLAND BLVD  
City-State-Zip: AMELIA OH 45102-2607

Title           VP  
Name           HEEB, WILLIAM J  
Address        7000 MIDLAND BLVD  
City-State-Zip: AMELIA OH 45102-2607

**Continues on page 2**

*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 E HINKLE III

**SVP**

**03/24/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title AVP  
Name BOLYARD, HEATHER  
Address 7000 MIDLAND BLVD  
City-State-Zip: AMELIA OH 45102-2607