

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92000000592

1. Entity Name

SPECIALTY RISK INSURANCE COMPANY

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90130 019 ***150.00

Principal Place of Business

965 RIDGELAKE BLVD
SUITE 201
MEMPHIS TN 38120
US

Mailing Address

965 RIDGELAKE BLVD
SUITE 201
MEMPHIS TN 38120
US

2. Principal Place of Business

3. Mailing Address

6300 Wilson Mills Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

W33

City & State

City & State

Mayfield Village, OH

Zip

Country

Zip

Country

44143

US

4. FEI Number 62-1444848

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BUILDING
TALLAHASSEE FL 32399

OK

Name

Street Address

City

NO CHANGE

FL

Zip

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME BOUCHERLE, CHARLES C
STREET ADDRESS 747 ALPHA DRIVE
CITY-ST-ZIP HIGHLAND HEIGHTS OH 44143

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME BARHAM, ELENA
STREET ADDRESS 965 RIDGELAKE BLVD, STE 201
CITY-ST-ZIP MEMPHIS TN 38120

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME SHRALLOW, DANE A
STREET ADDRESS 6300 WILSON MILLS ROAD
CITY-ST-ZIP MAYFIELD VILLAGE OH 44143

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 300 N. Commons Blvd.
CITY-ST-ZIP Mayfield Village, OH 44143

TITLE T ☐ Delete
NAME FORRESTER, THOMAS W II
STREET ADDRESS 6300 WILSON MILLS RD
CITY-ST-ZIP MAYFIELD VILLAGE OH 44143

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME CASHY, MARIA S
STREET ADDRESS 6300 WILSON MILLS ROAD
CITY-ST-ZIP MAYFIELD VILLAGE OH 44143

TITLE ☒ Change ☐ Addition
NAME VP
STREET ADDRESS Jeffrey W. Bosch
CITY-ST-ZIP

TITLE ☒ Delete
NAME LEWIS, DANIEL R
STREET ADDRESS 880 1 NW 18TH TERRACE
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ Change ☐ Addition
NAME Asst. Treasurer
STREET ADDRESS Janet A. Dolohanty
CITY-ST-ZIP 300 N. Commons Blvd.
Mayfield Village, OH 44143

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)