

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90037 016 ***150.00

0005942 AT

DOCUMENT # F92000000592

1. Entity Name

SPECIALTY RISK INSURANCE COMPANY

Principal Place of Business

~~965 RIDGELAKE BLVD~~
~~SUITE 201~~
~~MEMPHIS TN 38120~~
 US

Mailing Address

6300 WILSON MILLS ROAD
 W33
 MAYFIELD VILLAGE OH 44143
 US

2. Principal Place of Business

6300 Wilson Mills Rd.
 W-33

3. Mailing Address

Suite, Apt. #, etc.

City & State

Mayfield Village, OH

City & State

Zip

44143-2182

Country

U.S.

Country

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

INSURANCE COMMISSIONER
 THE CAPITOL BUILDING
 TALLAHASSEE FL 32399

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

200 East Ganges Street
 Larson Building

City

Tallahassee

FL

32399-0300

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, 2002 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOUCHERLE, CHARLES C	
STREET ADDRESS	747 ALPHA DRIVE	
CITY-ST-ZIP	HIGHLAND HEIGHTS OH 44143	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BARHAM, ELENA	
STREET ADDRESS	965 RIDGELAKE BLVD, STE 201	
CITY-ST-ZIP	MEMPHIS TN 38120	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHRALLOW, DANE A	
STREET ADDRESS	300 N COMMONS BLVD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143	
TITLE	T	<input type="checkbox"/> Delete
NAME	FORRESTER, THOMAS W II	
STREET ADDRESS	6300 WILSON MILLS RD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BASCH, JEFFREY W	
STREET ADDRESS	6300 WILSON MILLS ROAD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143	
TITLE	AT	<input type="checkbox"/> Delete
NAME	DOLOHANTY, JANET A	
STREET ADDRESS	300 N COMMONS BLVD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	300 N. Commons Blvd.	
CITY-ST-ZIP	mayfield village, OH 44143	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kathleen M. Cerny	
STREET ADDRESS	300 N. Commons Blvd.	
CITY-ST-ZIP	Mayfield Village, OH 44143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen D. Peterson	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AT/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James L. Kusmer	
STREET ADDRESS	6300 Wilson Mills Rd.	
CITY-ST-ZIP	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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)