

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90578 022 ***150.00

DOCUMENT # F92000000592

1. Entity Name
SPECIALTY RISK INSURANCE COMPANY



Principal Place of Business
**6300 WILSON MILLS RD
W-33
MAYFIELD VILLAGE, OH 44143-2182 US**

Mailing Address
**6300 WILSON MILLS ROAD
W33
MAYFIELD VILLAGE, OH 44143 US**

54041179



| | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 04052004 Chg-P CR2E034 (10/03) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number 62-1444848 | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | | |
|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| DIRECTOR OF OFFICE OF INSURANCE REGULATION P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | Zip Code FL | |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE PD | <input checked="" type="checkbox"/> Delete | TITLE PA | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME BOUCHERLE, CHARLES C | | NAME ALAN R. BAUER | |
| STREET ADDRESS 300 N COMMONS BLVD | | STREET ADDRESS 3 HARBOR DR., SUITE 214 | |
| CITY-ST-ZIP MAYFIELD VILLAGE, OH 44143 | | CITY-ST-ZIP SAUSALITO, CA 94965 | |
| TITLE AS | <input type="checkbox"/> Delete | TITLE K | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME GERNY, KATHLEEN M | | NAME KAREN A. KOSUDA | |
| STREET ADDRESS 300 N COMMONS BLVD | | STREET ADDRESS | |
| CITY-ST-ZIP MAYFIELD VILLAGE, OH 44143 | | CITY-ST-ZIP | |
| TITLE SV | <input checked="" type="checkbox"/> Delete | TITLE AVP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME SHRALLOW, DANE A | | NAME JASON J. ZITNEY | |
| STREET ADDRESS 300 N COMMONS BLVD | | STREET ADDRESS 6085 PARKLAND BLVD. | |
| CITY-ST-ZIP MAYFIELD VILLAGE, OH 44143 | | CITY-ST-ZIP MAYFIELD HTS. OH 44124 | |
| TITLE P | <input type="checkbox"/> Delete | TITLE AT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME PETERSON, STEPHEN D | | NAME MARY B. ANDREANO | |
| STREET ADDRESS 6300 WILSON MILLS RD | | STREET ADDRESS | |
| CITY-ST-ZIP MAYFIELD VILLAGE, OH 44143 | | CITY-ST-ZIP | |
| TITLE VP | <input type="checkbox"/> Delete | TITLE M | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME BAGGH, JEFFREY W | | NAME MARIANN W. MARSHALL | |
| STREET ADDRESS 6300 WILSON MILLS ROAD | | STREET ADDRESS | |
| CITY-ST-ZIP MAYFIELD VILLAGE, OH 44143 | | CITY-ST-ZIP | |
| TITLE ATVP | <input type="checkbox"/> Delete | TITLE AT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME KUSMER, JAMES L | | NAME SCOTT E. COLEMAN | |
| STREET ADDRESS 6300 WILSON MILLS RD | | STREET ADDRESS | |
| CITY-ST-ZIP MAYFIELD VILLAGE, OH 44143 | | CITY-ST-ZIP | |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marion W Marshall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date _____ Daytime Phone # _____