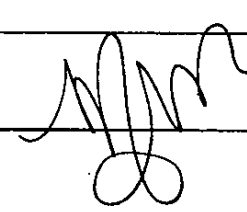


2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/22/2005-90316-045-\$150.00-\$150.00

FILED
05 JUN 22 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92000000592					
1. Entity Name SPECIALTY RISK INSURANCE COMPANY <i>Progressive Choice Insurance Company</i>					
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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	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 DIRECTOR OF OFFICE OF INSURANCE REGULATION P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BAUER, ALAN B. ☒ Delete 3 HARBOUR DR., SUITE 214 SALISALITO, CA 94965		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD michele A. Strub-Heer ☐ Change ☒ Addition 1455 Frazee Rd. Suite 200 San Diego, CA 92108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KOSUDA, KAREN A ☐ Delete 300 N COMMONS BLVD MAYFIELD VILLAGE, OH 44143		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP ZITNEY, JASON J ☐ Delete 8085 PARKLAND BLVD CLEVELAND, OH 44124		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ANDREANO, MARY B ☐ Delete 6300 WILSON MILLS RD MAYFIELD VILLAGE, OH 44143		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARSHALL, MARIANN W ☐ Delete 6300 WILSON MILLS ROAD MAYFIELD VILLAGE, OH 44143		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT COLEMAN, SCOTT E ☐ Delete 6300 WILSON MILLS RD MAYFIELD VILLAGE, OH 44143		TITLE NAME STREET ADDRESS 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: <i>Mariann W Marshall</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					