2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92000000592

1. Entity Name
~~SPECIALTY RISK INSURANCE COMPANY~~
Progressive Choice Insurance Company

Principal Place of Business	Mailing Address
6300 WILSON MILLS RD W-33 MAYFIELD VILLAGE, OH 44143-2182 US	6300 WILSON MILLS ROAD W33 MAYFIELD VILLAGE, OH 44143 US

01272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	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	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 **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 R.~~ ~~3 HARBOUR DR., SUITE 214~~ ~~SAUSALITO, CA 94965~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Michele A. Strub-Heer 1455 Frazee Rd. Suite 200 San Diego, CA 92108	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS KOSUDA, KAREN A 300 N COMMONS BLVD MAYFIELD VILLAGE, OH 44143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AVP ZITNEY, JASON J 6085 PARKLAND BLVD CLEVELAND, OH 44124	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT ANDREANO, MARY B 6300 WILLSON MILLS RD MAYFIELD VILLAGE, OH 44143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MARSHALL, MARIANN W 6300 WILSON MILLS ROAD MAYFIELD VILLAGE, OH 44143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT COLEMAN, SCOTT E 6300 WILSON MILLS RD MAYFIELD VILLAGE, OH 44143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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