

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90207 040 ***150.00

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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**

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

**INSURANCE COMMISSIONER
200 EAST GAINES STREET
LARSON BUILDING
TALLAHASSEE FL 32399-0300**

7. Name and Address of New Registered Agent

Name

Director of Office of Insurance Regulation

Street Address (P.O. Box Number is Not Acceptable)

200 East Gaines Street

City

Tallahassee

FL

Zip Code

32309-0326

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BOUCHERLE, CHARLES C	
STREET ADDRESS	300 N COMMONS BLVD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CERNY, KATHLEEN M	
STREET ADDRESS	300 N COMMONS BLVD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143	
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	PETERSON, STEPHEN D	
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	ATVP	<input type="checkbox"/> Delete
NAME	KUSMER, JAMES L	
STREET ADDRESS	6300 WILSON MILLS RD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED
Jeffrey W. Busch

3-17-03

440-461-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)