



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 120253		2. Name of Corporation Insurance Center Special Risks, Ltd.			
3. Street Address Principal Business Office 246 PARK ST.			City W. SPRINGFIELD	State MA	Zip 01089
4. Business Phone No. 413-781-7475		5. State of Incorporation MASSACHUSETTS			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island INSURANCE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DAVID T. FLORIAN			Vice President Name		
Street Address 15 MEADOWBROOK RD.			Street Address		
City LONGMEADOW	State MA	Zip 01106	City	State	Zip
Secretary Name			Treasurer Name DEAN M. FLORIAN		
Street Address			Street Address 5 HILLTOP DR.		
City	State	Zip	City WILBRAHAM	State MA	Zip 01095
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DAVID T. FLORIAN			Director Name DEAN M. FLORIAN		
Street Address 15 MEADOWBROOK RD.			Street Address 5 HILLTOP DR.		
City LONGMEADOW	State MA	Zip 01106	City WILBRAHAM	State MA	Zip 01095
Director Name WILLIAM O. TRUDEAU			Director Name		
Street Address 3 BROOKSIDE CIRCLE			Street Address		
City WILBRAHAM	State MA	Zip 01095	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	COMM NO PAR VALUE		490	COMMON NO PAR VAL.	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



120253

File Date 3/1/05
Check No. 3327 C 59326
By: KML
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

David T. Florian 3/1/2005
Signature of Officer Date
DAVID T. FLORIAN
Print or Type Name of Officer
PRESIDENT
Title of Officer

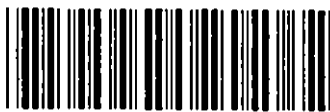


PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 120253		2. Name of Corporation Insurance Center Special Risks, Ltd.			
3. Street Address Principal Business Office 246 PONIC ST			City W. SPRINGFIELD	State MA	Zip 01085
4. Business Phone No. 413 781-7475		5. State of Incorporation MASSACHUSETTS		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island INSURANCE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DAVID T. FLORIAN			Vice President Name		
Street Address 15 MEADOWBROOK RD			Street Address		
City LONGMEADOW	State MA.	Zip 01106	City	State	Zip
Secretary Name			Treasurer Name DEAN M. FLORIAN		
Street Address			Street Address 5 HILLTOP DRIVE		
City	State	Zip	City WILBRANAH	State MA	Zip 01095
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name DAVID T. FLORIAN			Director Name DEAN M. FLORIAN		
Street Address 15 MEADOWBROOK RD			Street Address 5 HILLTOP DRIVE		
City LONGMEADOW	State MA	Zip 01106	City WILBRANAH	State MA	Zip 01095
Director Name WILLIAM O. TRUDEAU			Director Name		
Street Address 3 BOOKSIDE CIRCLE			Street Address		
City WILBRANAH	State MA	Zip 01095	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			490	COMMON	NO PAR VAL

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 0 2 5 3 *

File Date 2.4.04
Check No. 2047
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer [Signature] Date 2/2/2004
Print or Type Name of Officer DAVID T. FLORIAN
Title of Officer PRESIDENT



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 120253
2. Name of Corporation Insurance Center Special Risks, Ltd.

3. Street Address Principal Business Office 246 PARK ST
City: W. SPRINGFIELD State MA Zip 01089

4. Business Phone No. 413 781-7425
5. State of Incorporation MASSACHUSETTS
6. SIC Code 5702

7. Brief Description of the Character of Business Conducted in Rhode Island
MANAGING GENERAL AGENT

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name DAVID T. FLORIAN
Street Address 15 MEADOWBROOK RD
City LONGMEADOW State MA Zip 01106

Vice President Name N/A
Street Address
City State Zip

Secretary Name DEAN M. FLORIAN
Street Address 5 HILLTOP DR
City WILBRANHAM State MA Zip 01095

Treasurer Name DEAN M. FLORIAN
Street Address 5 HILLTOP DR
City WILBRANHAM State MA Zip 01095

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name DAVID T. FLORIAN
Street Address 15 MEADOWBROOK RD
City LONGMEADOW State MA Zip 01106

Director Name DEAN M. FLORIAN
Street Address 5 HILLTOP DR
City WILBRANHAM State MA Zip 01095

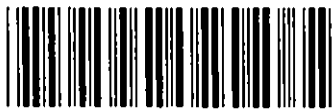
Director Name WILLIAM O. TRUDEAN/JR
Street Address 3 BROOKSIDE CIRCLE
City WILBRANHAM State MA Zip 01095

Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 COMM NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares Class/Series Par Value
490 COMM NO PAR VAL

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 0 2 5 3 *

File Date: 2/20/03
2/26
Check No.:
By:

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Signature of Officer DAVID T. FLORIAN Date 2/14/2003
Print or Type Name of Officer DAVID T. FLORIAN
Title of Officer PRESIDENT



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 120253		2. Name of Corporation Insurance Center Special Risks, Ltd.			
3. Street Address Principal Business Office 246 Park Street, PO Box 1185			City West Springfield	State MA	Zip 01090
4. Business Phone No. 413-781-2410		5. State of Incorporation MASSACHUSETTS			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island Excess & Surplus Lines as well as recreational personal lines insurance					

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

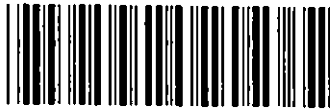
President Name David T. Florian			Vice President Name		
Street Address 15 Meadowbrook Drive			Street Address		
City Longmeadow	State MA	Zip 01106	City	State	Zip
Secretary Name Dean M. Florian			Treasurer Name Dean M. Florian		
Street Address 5 Hilltop Drive			Street Address 5 Hilltop Drive		
City Wilbraham	State MA	Zip 01095	City Wilbraham	State MA	Zip 01095

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Dean M. Florian			Director Name U.F. Florian		
Street Address 5 Hilltop Drive			Street Address 4117 Boca Pointe Drive		
City Wilbraham	State MA	Zip 01095	City Sarasota	State FL	Zip 34238
Director Name David T. Florian			Director Name		
Street Address 15 Meadowbrook Road			Street Address		
City Longmeadow	State MA	Zip 01106	City	State	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	COMM NO PAR VALUE		490		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 0 2 5 3 *

File Date: 1/22/02

Check No.: 1530

By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2-07-02
Signature of Officer Date

David T. Florian
Print or Type Name of Officer

President
Title of Officer