

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 26 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **658743** (0)
1. Corporation Name:
PROGRESSIVE SOUTHEASTERN INSURANCE COMPANY

Principal Place of Business Mailing Address
3802 COCONUT PALM DR **6300 WILSON MILLS RD**
TAMPA FL 33619 **MAYFIELD VILLAGE OH 44124**
US **US**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified **03/11/1980** 3a. Date of Last Report **06/27/1994**

4. FEI Number **59-1951700** Applied For: ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.092, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
THE CAPITAL BLDG.
TALLAHASSEE FL 32301**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **MC MILLAN, ROBERT J.**
STREET ADDRESS **1005 CENTERBROOK DRIVE**
CITY-ST-ZIP **BRANDON FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D**
NAME **FEUERSTEIN, GARY**
STREET ADDRESS **12211 SNEAD PLACE**
CITY-ST-ZIP **TAMPA FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **CD**
NAME **LEWIS, PETER B.**
STREET ADDRESS **27500 CEDAR ROAD**
CITY-ST-ZIP **BEACHWOOD OH**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **D**
NAME **MARLOWE, BRUCE**
STREET ADDRESS **3010 TORRINGTON RD.**
CITY-ST-ZIP **SHAKER HEIGHTS OH**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **MARLOW, Bruce**
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **SD**
NAME **SCHNEIDER, DAVID M.**
STREET ADDRESS **2767 BELGRAVE ROAD**
CITY-ST-ZIP **PEPPER PIKE OH**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **TD**
NAME **LEWIS, DANIEL R.**
STREET ADDRESS **20 LAUREL CT**
CITY-ST-ZIP **MORELAND HILLS OH**

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **T/D**
6.3 STREET ADDRESS **Chokol, Charles B.**
6.4 CITY-ST-ZIP **2613 Butterwing Pepper Pike OH 44124**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Certified Copies #