2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90427 011 ***150.00

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1. Entity Name
PROGRESSIVE SOUTHEASTERN INSURANCE COMPANY

50018166

Principal Place of Business	Mailing Address
4030 CRESCENT PARK DRIVE BUILDING B RIVERVIEW, FL 33569 US	6300 WILSON MILLS RD W33 MAYFIELD VILLAGE, OH 44143 US

04102006 Chg-P CR2E034 (11/05)

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 59-1951700 ☐ 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 200 EAST GAINES STREET TALLAHASSEE, FL 32599-0300	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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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 MADDEN, TIMOTHY 4221 W BOY SCOUT BLVD TAMPA, FL 33607	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer/Director Terence W. Fibbi 300 N. Commons Blvd. Mayfield Village, OH 44143	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS CERNY, KATHLEEN M 300 N COMMONS BLVD MAYFIELD VILLAGE, OH 441432182	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6300 Wilson Mills Rd. Mayfield Village, OH 44143	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SKAVE, DAVID J 2300 WESTGATE PKWY, STE 300 RICHMOND, VA 23233	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President David J. Skove	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT KUSMER, JAMES L 6300 WILSON MILLS RD. MAYFIELD VILLAGE, OH 441432182	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SHRALLOW, DANE A 300 N COMMONS BLVD MAYFIELD VILLAGE, OH 441432182	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	6300 Wilson Mills Rd. Mayfield Village, OH 44143	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD BASCH, JEFFREY W 6300 WILSON MILLS RD. MAYFIELD VILLAGE, OH 441432182	☐ 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 exemptions contained in Chapter 119, 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: _____ Jeffrey W. Basch 4/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #