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

PROFIT CORPORATION ANNUAL REPORT
**1996**

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

**FILED**
**Apr 25 1996 8:00 am**
**Secretary of State**

DOCUMENT # **658743** **(0)**

1. Corporation Name
**PROGRESSIVE SOUTHEASTERN INSURANCE COMPANY**

| Principal Place of Business | Mailing Address |
|---|---|
| 3802 COCONUT PALM DR<br>TAMPA FL 33619<br>US | 6300 WILSON MILLS RD<br>MAYFIELD VILLAGE OH 44124<br>US |

3. Date Incorporated or Qualified: **03/11/1980**
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business (21): 
2a. Mailing Address (26): 
Suite, Apt. #, etc. (22): 
Suite, Apt. #, etc. (27): 
City & State (23): 
City & State (28): 
Zip (24): Country (25): 
Zip (29): Country (30): 

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 199.032, Florida Statutes ☐ Yes ☐ No

**9. Name and Address of Current Registered Agent**

INSURANCE COMMISSIONER
THE CAPITAL BLDG.
TALLAHASSEE FL 32301

**10. Name and Address of New Registered Agent**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | | ☒ Change ☐ Addition |
| NAME | MCMILLAN, ROBERT J. | | 1.2 NAME | | |
| STREET ADDRESS | 1005 CENTERBROOK DRIVE | | 1.3 STREET ADDRESS | 3802 Coconut Palm Dr. | |
| CITY-ST-ZIP | BRANDON FL | | 1.4 CITY-ST-ZIP | Tampa, FL 33619 | |
| TITLE | D | ☐ DELETE | 2.1 TITLE | | ☒ Change ☐ Addition |
| NAME | FEUERSTEIN, GARY | | 2.2 NAME | | |
| STREET ADDRESS | 12211 SNEAD PLACE | | 2.3 STREET ADDRESS | 3802 Coconut Palm Dr. | |
| CITY-ST-ZIP | TAMPA FL | | 2.4 CITY-ST-ZIP | Tampa, FL 33619 | |
| TITLE | CD | ☐ DELETE | 3.1 TITLE | | ☒ Change ☐ Addition |
| NAME | LEWIS, PETER B. | | 3.2 NAME | | |
| STREET ADDRESS | 27500 CEDAR ROAD | | 3.3 STREET ADDRESS | 6300 Wilson Mills Rd. | |
| CITY-ST-ZIP | BEACHWOOD OH | | 3.4 CITY-ST-ZIP | Mayfield Village, OH 44143 | |
| TITLE | D | ☒ DELETE | 4.1 TITLE | | ☒ Change ☐ Addition |
| NAME | MARLOW, BRUCE | | 4.2 NAME | | |
| STREET ADDRESS | 3010 TORRINGTON RD. | | 4.3 STREET ADDRESS | 6300 Wilson Mills Rd. | |
| CITY-ST-ZIP | SHAKER HEIGHTS OH | | 4.4 CITY-ST-ZIP | Mayfield Village, OH 44143 | |
| TITLE | SD | ☐ DELETE | 5.1 TITLE | | ☒ Change ☐ Addition |
| NAME | SCHNEIDER, DAVID M. | | 5.2 NAME | | |
| STREET ADDRESS | 2767 BELGRAVE ROAD | | 5.3 STREET ADDRESS | 6300 Wilson Mills Rd. | |
| CITY-ST-ZIP | PEPPER PIKE OH | | 5.4 CITY-ST-ZIP | Mayfield Village, OH 44143 | |
| TITLE | TD | ☐ DELETE | 6.1 TITLE | | ☒ Change ☐ Addition |
| NAME | CHOKEL, CHARLES B | | 6.2 NAME | | |
| STREET ADDRESS | 2613 BUTTERWING | | 6.3 STREET ADDRESS | 6300 Wilson Mills Rd. | |
| CITY-ST-ZIP | PEPPER PIKE OH | | 6.4 CITY-ST-ZIP | Mayfield Village, OH 44143 | |

CR2E034 (12/95)

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 119.07(3)(k), 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 on an attachment with an address.

**SIGNATURE:** _____ David M. Schneider 4/8/96 216-446-7870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #