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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 658743

1. Corporation Name

(0)

PROGRESSIVE SOUTHEASTERN INSURANCE COMPANY

Principal Place of Business

3802 COCONUT FALM DR
TAMPA FL 33619
US

Mailing Address

6300 WILSON MILLS RD MAYFIELD VILLAGE OH 44124 US FILED Apr 25 1996 8:00 am Secretary of State



| He | | ile | | | | | | |
|---|--|------------------------------|---|--|---|--|---------------------------------------|---------------------------------|
| US | US | | | | Date Incorporated or Qua 03/11/1980 | | Date of Last Report 04/26/1995 | |
| 2. Principal Pla | ece of Business | 2a. Mailing Address | | | 4. FEI Number | | | Applied For |
| _ | | 26 | | 59-1951700 | | ├ ── | Not Applicable | |
| 21 Suite Act 1 | # otc | Suite, Apt. #, etc. | | | 03 133 1700 | | | |
| Suite, Apt. #, etc. 27 | | 27 | 27 | | 5. Certificate of Status Desire | eq [] | \$8.75 Additional Fee Required | |
| City & State City & State | | | | | Election Campaign Finance Trust Fund Contribution | ing 🗀 | \$5.00 May Be Added to Fees | |
| Z _I p | Country 25 | Zip 29 | Cou | ntry | 8. This corporation has liabili Florida Statutes | ty for intangible t | ax under s | 199.032, |
| | 9. Name and Address of Curren | | 100 | 10. Name and Aridress of New Registered Agent | | | | |
| | g. Hallo dila Adalbas di Galilan | Tiogistores rigon. | | 81 Name | | | | |
| INSURANCE COMMISSIONER THE CAPITAL BLDG. TALLAHASSEE FL 32301 | | | | 82 Street Address (P.O. Box Milmber is Not Acceptable) | | | | |
| | | | | 83 | | | | |
| | | | | 84 City | | FL | 85 Z | p Code |
| or registers | o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric in, and accept the obligations of, Secti | da. Such change was authoriz | zed by the c | ve-named o corporation | corporation submits this statement for the sound of directors. Thereby accept the | ne purpose of ch e appointment as | anging its registered | registereu omce d agent. Lam |
| SIGNATURE _ | Signature, typied or printed name of registered agent | and the if applicable INC | 01E: Registered | Agent signature | required when rainstating) | DATE | <u> </u> | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO | OFFICERS AN | DIRECTO | DRS IN 12 |
| TITLE | PD | ☐ DELETE | 1. 1 T | ITLE | | | Change | ☐ Addition |
| NAME | MCMILLAN, ROBERT J. | _ | 1.2 NA | | | , | - | - |
| | 1005 CENTERBROOK DRIVE | | | | 3802 Coconut Palm C | 00. | | |
| STREET ADDRESS | | | | REET ADDRESS | 1 | | | |
| CHY-SI-ZIP | BRANDON FL | | | TY-ST-ZIP | Tampa, FL 33619 | | | |
| Trile | D _ | DELETE: | 2 1 Ti | ITLE | | , | Change Change | Addition |
| NAME | FEUERSTEIN, GARY | | 2 2 NA | | | | | |
| STREET ADDRESS | 12211 SNEAD PLACE | | 0.0.01 | | | | | |
| CHTY - \$1 - 71P | TALADA FI | | 235 | irfet address | 3802 Cocanut Palm D | 2. | | |
| TITLE | │ TAMPA FL | | | IRFET ADDRESS TY-ST-ZIP | | | | |
| | | ☐ DELETE | | TY-ST-ZIP | Tampa FL 33619 | | Change | Addition |
| | CD | ☐ DELETE | 2 4 C(| TY-ST-ZIP ITLE | Tampa, FL 33619 | · · | Change | Addition |
| NAME | CD LEWIS, PETER B. | ☐ DECETE | 2 4 C(3 1 T) 3 2 N/ | TY-ST-ZIP ITLE AME | Tampa, FL 33619 | · · | ⋉ Change | Addition |
| NAME STREET ADDRESS | CD LEWIS, PETER B. 27500 CEDAR ROAD | ☐ DECETE | 2 4 CI 3 1 TI 3 2 NA 3 3 S | ty-st-zip Itle Ame Treet address | Tampa, FL 33619 | s Rel. | | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | CD LEWIS, PETER B. 27500 CEDAR ROAD BEACHWOOD OH | | 2 4 Ct 3 1 Tt 3 2 NA 3 3 S 3 4 Ct | TY-ST-ZIP ITLE AME TREET ADDRESS TY-ST-ZIP | Tampa, FL 33619 | 5 RJ. 5H 44142 | 3 | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE | CD LEWIS, PETER B. 27500 CEDAR ROAD BEACHWOOD OH D | ☐ DELETE. | 2 4 Ct 3 1 Tt 3 2 N/ 3 3 S 3 4 Ct 4 1 Tt | TY-ST-ZIP ITLE AME TREET ADDRESS TY-ST-ZIP ITLE | Tampa, FL 33619 | 5 RJ. 5H 44142 | | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | CD LEWIS, PETER B. 27500 CEDAR ROAD BEACHWOOD OH D MARLOW, BRUCE | | 2 4 C(3 1 T) 3 2 NA 3 3 S 3 4 C(4 1 T) 4 2 NA | TY-ST-ZIP ITLE AME TREET ADDRESS TY-ST-ZIP ITLE AME | Tampa, FL 33619 6300 wilson mills Mayfield Village, | , હો. અમ યુપાયક | 3 | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE | CD LEWIS, PETER B. 27500 CEDAR ROAD BEACHWOOD OH D MARLOW, BRUCE 3010 TORRINGTON RD. | | 2 4 C (3 1 T (3 2 N (3 3 S (3 4 C (4 1 T (4 2 N A 4 3 S (| TY-ST-ZIP ITLE AME TREET ADDRESS TY-ST-ZIP ITLE AME REET ADDRESS | Tampa FL 33619 6300 wilson mills Mayfield Village, | 5 R.I. 5H 44143 | 3 ☑ Change | |
| NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP | CD LEWIS, PETER B. 27500 CEDAR ROAD BEACHWOOD OH D MARLOW, BRUCE 3010 TORRINGTON RD. SHAKER HEIGHTS OH | ™ DELETE | 2 4 C 1 3 1 T 1 3 2 N 2 3 3 S 3 4 C 1 4 1 T 1 4 2 N 4 4 3 S 1 4 4 C 1 | TY-ST-ZIP ITLE AME TREET ADDRESS TY-ST-ZIP ITLE AME IREET ADDRESS TY-ST-ZIP | Tampa FL 33619 6300 wilson mills Mayfield Village, | 5 R.I. 5H 44143 | 3 ☑ Change | Addition |
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| NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STREEL ADDRESS CITY-ST-ZIP | CD LEWIS, PETER B. 27500 CEDAR ROAD BEACHWOOD OH D MARLOW, BRUCE 3010 TORRINGTON RD. SHAKER HEIGHTS OH SD SCHNEIDER, DAVID M. | ™ DELETE | 2 4 C 1 3 1 T 1 3 2 N 2 3 3 S 3 4 C 1 4 1 T 1 4 2 N 4 4 3 S 1 4 4 C 1 | TY-ST-ZIP ITLE AME TREET ADDRESS TY-ST-ZIP ITLE AME TREET ADDRESS TY-ST-ZIP ITLE | Tampa, FL 33619 6300 wilson mills Mayfield Village, of 6300 wilson mills R Mayfield Village, O | ત્રું. આ <u>પુત્રાપ</u> ક આ ત્રું | 3 ☑ Change | Addition |
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| NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME STHEEL ADDRESS CITY-ST-ZIP TITLE NAME | CD LEWIS, PETER B. 27500 CEDAR ROAD BEACHWOOD OH D MARLOW, BRUCE 3010 TORRINGTON RD. SHAKER HEIGHTS OH SD SCHNEIDER, DAVID M. | ™ DELETE | 2 4 CI 3 1 TI 3 2 NA 3 3 S 3 4 CI 4 1 TI 4 2 NA 4 3 SI 4 4 CI 5 1 TI 5 2 NA 5 3 ST | TY-ST-ZIP ITLE AME TREET ADDRESS TY-ST-ZIP ITLE AME TREET ADDRESS TY-ST-ZIP ITLE AME | Tampa FL 33619 6300 wilson mills Mayfield Village, of 6300 wilson mills Re mayfield Village, 0 | 8). H 44143 2H 44143 S 81. | 3 Change 3 Change | Addition |
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4. To nereby certify that the information supplied with this annual report or supplied with this annual report or supplied entitles. Further certify that the information indicated on this annual report or supplied entitle 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 finished empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 of chapter 60, or or an attachment with an undergreen.

SIGNATURE:

David m. Schneider 4/8/96 216-446-7870