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May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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

1. Corporation Name
PROGRESSIVE SOUTHEASTERN INSURANCE COMPANY

Principal Place of Business
3802 COCONUT PALM DR
TAMPA FL 33619
US

Mailing Address
6300 WILSON MILLS RD
MAYFIELD VILLAGE OH 44143-2109
US

3. Date Incorporated or Qualified: 03/11/1980
3a. Date of Last Report: 04/25/1996

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	Asst. Treasurer / Asst. V.P. ☐ Change ☒ Addition
NAME	MCMILLAN, ROBERT J.	1.2 NAME	Janet A. Delahanty
STREET ADDRESS	3802 COCONUT PALM DR.	1.3 STREET ADDRESS	6300 Wilson Mills Rd.
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Mayfield Village, Oh. 44143
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FEUERSTEIN, GARY	2.2 NAME	
STREET ADDRESS	3802 COCONUT PALM DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	CD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, PETER B.	3.2 NAME	
STREET ADDRESS	6300 WILSON MILLS RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MAYFIELD VILLAGE OH	3.4 CITY-ST-ZIP	
TITLE	D ☒ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MARLOW, BRUCE	4.2 NAME	
STREET ADDRESS	6300 WILSON MILLS RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MAYFIELD VILLAGE OH	4.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SCHNEIDER, DAVID M.	5.2 NAME	
STREET ADDRESS	6300 WILSON MILLS RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MAYFIELD VILLAGE OH	5.4 CITY-ST-ZIP	
TITLE	TD ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CHOKEL, CHARLES B	6.2 NAME	
STREET ADDRESS	6300 WILSON MILLS RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	MAYFIELD VILLAGE OH	6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] Janet A Delahanty 4/22/97 216/461-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D476507