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FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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	Mailing Address
3802 COCONUT PALM DR TAMPA FL 33619 US	6300 WILSON MILLS RD MAYFIELD VILLAGE OH 44124 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/11/1980

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-1951700	☐ Applied For ☐ Not Applicable
21	26 3802 Coconut Palm Dr.		
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28 TAMPA FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 33619 / Country 30 US	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

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 _____ 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	PD	☐ Change ☒ Addition
NAME	MCMILLAN, ROBERT J.		1.2 NAME	LEWIS, DANIEL R.	
STREET ADDRESS	3802 COCONUT PALM DR.		1.3 STREET ADDRESS	8881 N.W. 18th Terrace	
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP	Miami, FL 33172	
TITLE	D	☒ DELETE	2.1 TITLE	AS	☐ Change ☒ Addition
NAME	FEUERSTEIN, GARY		2.2 NAME	CERNY, KATHLEEN M	
STREET ADDRESS	3802 COCONUT PALM DR.		2.3 STREET ADDRESS	6300 WILSON MILLS RD	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	MAYFIELD VILLAGE, OH 44143-2182	
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	44143-2182	
TITLE	ATVP	☐ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	DOLOHONTY, JANET A		4.2 NAME		
STREET ADDRESS	6300 WILSON MILLS RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MAYFIELD VILLAGE OH		4.4 CITY-ST-ZIP	44143-2182	
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	44143-2182	
TITLE	TD	☐ DELETE	6.1 TITLE	AV	☐ 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	44143-2182	

CR2E034 (10/97)

14. I 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: D M Schneider