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 # **611687** **(5)**

1. Corporation Name

PROGRESSIVE AMERICAN 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

3. Date Incorporated or Qualified: **02/27/1979**
3a. Date of Last Report: **04/26/1995**

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

4. FEI Number: **34-1094197** ☐ 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 CAPITOL 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		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 33319	
TITLE	DT	☐ DELETE	2 1 TITLE	☐ Change	☐ Addition
NAME	CHOKEL, CHARLES B		2 2 NAME		
STREET ADDRESS	2613 BUTTERWING		2 3 STREET ADDRESS	6300 Wilson Mills Rd	
CITY-ST-ZIP	PEPPER PIKE OH		2 4 CITY-ST-ZIP	Mayfield Village, OH 44143	
TITLE	DC	☐ 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	BEECHWOOD OH		3 4 CITY-ST-ZIP	Mayfield Village OH 44143	
TITLE	DT	☒ DELETE	4 1 TITLE	☐ Change	☐ Addition
NAME	CHOKEL, CHARLES B		4 2 NAME		
STREET ADDRESS	2613 BUTTERWING		4 3 STREET ADDRESS		
CITY-ST-ZIP	PEPPER PIKE OH		4 4 CITY-ST-ZIP		
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		☐ DELETE	6 1 TITLE	☐ Change	☐ Addition
NAME			6 2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-ST-ZIP			6 4 CITY-ST-ZIP		

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 4/18/96 216-446-7870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #