2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State
03-11-2002 90037 021 ***150.00

04A336 SP

DOCUMENT # 611687

1. Entity Name
PROGRESSIVE AMERICAN INSURANCE COMPANY

Principal Place of Business	Mailing Address
4030 CRESCENT PARK DR BULD B NT RIVERVIEW FL 33569 US	4030 CRESCENT PARK DR BULD B NT RIVERVIEW FL 33569 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4030 Crescent	6300 WILSON MILLS Rd.
Suite, Apt. #, etc. Building B	Suite, Apt. #, etc. W-33
City & State	City & State Mayfield Village, OH
Zip / Country	Zip 44143 / Country U.S.

4. FEI Number 34-1094197 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INSURANCE COMMISSIONER ~~THE CAPITOL BLDG.~~ ~~TALLAHASSEE FL 32301~~	Name Street Address (P.O. Box Number is Not Acceptable) 200 East Gaines Street Larson Building City Tallahassee FL Zip Code 32399-0300

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ~~PONECK~~, BRIAN 625 ALPHA DR HIGHLAND HTS OH 44143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Brian C. Domeck
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ ~~RENWICK, GLENN M~~ ~~6300 WILSON MILLS RD~~ ~~MAYFIELD VILLAGE OH 44143-2182~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Jeffrey W. Basch 6300 Wilson Mills Rd. Mayfield Village, OH 44143-2182 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DC~~ ~~LEWIS, PETER B~~ ~~6300 WILSON MILLS RD.~~ ~~MAYFIELD VILLAGE OH 44143-2182~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman, Director Glenn M. Renwick 6300 Wilson Mills Rd. Mayfield Village, OH 44143 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ~~SHRAHOW, DANE A~~ 300 N. COMMONS BLVD MAYFIELD VILLAGE OH 44143	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Dane A. Shrallow ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATVP ~~DOLOHANTY, JANET~~ 6300 WILSON MILLS RD MAYFIELD VILLAGE OH 44143-2182	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	James L. Kusmer ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS CERNY, KATHLEEN M ~~6300 WILSON MILLS RD~~ MAYFIELD VILLAGE OH 44143-2182	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300 N. Commons Blvd. ☐ Change ☐ Addition

CR2E034 (9/01)

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #