

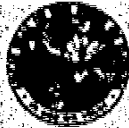
FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 844772 (4)

1. Corporation Name
PROGRESSIVE SPECIALTY INSURANCE COMPANY

Principal Place of Business: **6300 WILSON MILLS ROAD
MAYFIELD VILLAGE
MAYFIELD VILLAGE OH 4143-2182**

Mailing Address: **6300 WILSON MILLS ROAD
MAYFIELD VILLAGE
MAYFIELD VILLAGE OH 4143-2182**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/06/1979** 3a. Date of Last Report: **06/27/1994**

4. FBI Number: **34-1172685** 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

2. Principal Place of Business: **21** Suite, Apt. #, etc. **26**

22 City & State **27**

23 Zip **24** Country **25** Zip **29** Country **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE FLORIDA STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304**

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------|-----------------------------|
| TITLE | PDC |
| NAME | LEWIS, PETER B. |
| STREET ADDRESS | 6300 WILSON MILLS RD |
| CITY-ST-ZIP | MAYFIELD VILLAGE OH |
| TITLE | V |
| NAME | FITTS, JOHN |
| STREET ADDRESS | 6300 WILSON MILLS RD |
| CITY-ST-ZIP | MAYFIELD VILLAGE OH |
| TITLE | D |
| NAME | MARLOW, BRUCE W. |
| STREET ADDRESS | 6300 WILSON MILLS RD |
| CITY-ST-ZIP | MAYFIELD VILLAGE OH |
| TITLE | DT |
| NAME | LEWIS, DAN R |
| STREET ADDRESS | 6300 WILSON MILLS RD |
| CITY-ST-ZIP | MAYFIELD VILLAGE OH |
| TITLE | SD |
| NAME | SCHNEIDER, DAVID M. |
| STREET ADDRESS | 6300 WILSON MILLS RD |
| CITY-ST-ZIP | MAYFIELD VILLAGE OH |
| TITLE | DST |
| NAME | CHOKEL, CHARLES B |
| STREET ADDRESS | 6300 WILSON MILLS RD |
| CITY-ST-ZIP | MAYFIELD VILLAGE OH |

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | POSITION VACANT |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | DT |
| 4.3 STREET ADDRESS | CHOKEL CHARLES B |
| 4.4 CITY-ST-ZIP | (see below) |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | D/T |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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 110.07(3)(f), 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* Date: _____ Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR