

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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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 # **844772** (4)
1. Corporation Name
PROGRESSIVE SPECIALTY INSURANCE COMPANY



Principal Place of Business Mailing Address
6300 WILSON MILLS ROAD
MAYFIELD VILLAGE
MAYFIELD VILLAGE OH 44143-2182
6300 WILSON MILLS ROAD
MAYFIELD VILLAGE
MAYFIELD VILLAGE OH 44143-2109

3. Date Incorporated or Qualified **12/06/1979** 3a. Date of Last Report **04/25/1996**
4. FEI Number **34-1172685** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional**
Fee Required
6. Election Campaign Financing ☐ **\$5.00 May Be**
Trust Fund Contribution Added to Fees
8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent
THE FLORIDA STATE INSURANCE COMMISSIONER
CAPITOL BUILDING
TALLAHASSEE FL 32304

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC <input type="checkbox"/> DELETE	1.1 TITLE	<i>Asst Treasurer / Asst V.P.</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, PETER B.	1.2 NAME	<i>James A. Dolchonty</i>
STREET ADDRESS	6300 WILSON MILLS RD	1.3 STREET ADDRESS	<i>6300 Wilson Mills Rd</i>
CITY - ST - ZIP	MAYFIELD VILLAGE OH	1.4 CITY - ST - ZIP	<i>Mayfield Village, Oh. 44143</i>
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLOW, BRUCE W.	2.2 NAME	
STREET ADDRESS	6300 WILSON MILLS RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	MAYFIELD VILLAGE OH	2.4 CITY - ST - ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOKEL, CHARLES 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	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, DAVID M.	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	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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]* *James A. Dolchonty* 4/22/97 216/461-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

CR2E034 (9/96)