

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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90051 014 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 844772

1. Corporation Name
PROGRESSIVE SPECIALTY INSURANCE COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business 6300 WILSON MILLS ROAD MAYFIELD VILLAGE MAYFIELD VILLAGE OH 44143-2182 US	Mailing Address 6300 WILSON MILLS ROAD MAYFIELD VILLAGE MAYFIELD VILLAGE OH 44143-2182
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3. Date Incorporated or Qualified 12/06/1979		
4. FEI Number 34-1172685	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 6300 WILSON MILLS RD, BOX 226 Suite, Apt. #, etc.	2a. Mailing Address 6300 WILSON MILLS RD Suite, Apt. #, etc.
22. City & State MAYFIELD VILLAGE, OH	27. City & State MAYFIELD VILLAGE, OH
23. Zip 44143-2182	28. Zip 44143-2182
25. Country US	29. Country US

9. Name and Address of Current 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	85. Zip Code FL
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10. Name and Address of New Registered Agent
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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 PDC	NAME LEWIS, PETER B.	1.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 6300 WILSON MILLS RD	CITY-ST-ZIP MAYFIELD VILLAGE OH	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP 44143-2182	
TITLE ATVP	NAME DOLOHONTY, JANEY	2.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 6300 WILSON MILLS RD	CITY-ST-ZIP MAYFIELD VILLAGE OH	2.2 NAME DOLOHANTY, JANET A.	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP 44143-2182	
TITLE AVP	NAME CHOKEL, CHARLES B	3.1 TITLE AVPT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 6300 WILSON MILLS RD	CITY-ST-ZIP MAYFIELD VILLAGE OH	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP 44143-2182	
TITLE SD	NAME SCHNEIDER, DAVID M.	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 6300 WILSON MILLS RD	CITY-ST-ZIP MAYFIELD VILLAGE OH	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP 44143-2182	
TITLE AS	NAME CERNY, KATHLEEN M	5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 6300 WILSON MILLS RD	CITY-ST-ZIP MAYFIELD VILLAGE OH	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP 44143-2182	
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP 44143-2182	

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, with all other like empowered.

SIGNATURE: JDX  2/2/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)