

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 844772

1. Entity Name
PROGRESSIVE SPECIALTY INSURANCE COMPANY

FILED
May 16, 2000 8:00 am
Secretary of State
 05-16-2000 90047 007 ***150.00

Principal Place of Business WILSON MILLS ROAD BOX 6033 VILLAGE OH 44143-2182	Mailing Address 6300 WILSON MILLS ROAD MAYFIELD VILLAGE OH 44143-2109 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. W33
City & State	City & State
Zip	Country

4. FEI Number 34-1172685	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ (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, 2000 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 PDC	LEWIS, PETER B. <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6300 WILSON MILLS RD	NAME	
STREET ADDRESS	MAYFIELD VILLAGE OH 44143-2182	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	ATVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLOHANTY, JANET A	NAME	
STREET ADDRESS	6300 WILSON MILLS RD	STREET ADDRESS	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143-2182	CITY-ST-ZIP	
TITLE	AVPT <input type="checkbox"/> Delete	TITLE	AVP D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOKEL, CHARLES B	NAME	
STREET ADDRESS	6300 WILSON MILLS RD	STREET ADDRESS	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143-2182	CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, DAVID M.	NAME	SHRALLOW, DANE A.
STREET ADDRESS	6300 WILSON MILLS RD	STREET ADDRESS	300 N. COMMONS BLVD.
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143-2182	CITY-ST-ZIP	MAYFIELD VILLAGE, OH 44143
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CERNY, KATHLEEN M	NAME	
STREET ADDRESS	6300 WILSON MILLS RD	STREET ADDRESS	300 N. COMMONS BLVD
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143-2182	CITY-ST-ZIP	MAYFIELD VILLAGE, OH 44143
TITLE	<input type="checkbox"/> Delete	TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	FORRESTER, W. THOMAS II
STREET ADDRESS		STREET ADDRESS	6300 WILSON MILLS RD
CITY-ST-ZIP		CITY-ST-ZIP	MAYFIELD VILLAGE, OH 44143

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 no other like empowered.

SIGNATURE: *[Signature]* Date: **4/27/00** Daytime Phone # _____

CR2E034 (9/99)