

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 844772

1. Entity Name

**PROGRESSIVE SPECIALTY INSURANCE COMPANY**

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90105 033 \*\*\*150.00

Principal Place of Business

6300 WILSON MILLS ROAD  
P.O. BOX 6033  
MAYFIELD VILLAGE OH 44143-2182  
US

Mailing Address

6300 WILSON MILLS ROAD  
W-33  
MAYFIELD VILLAGE OH 44143-2182  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **34-1172685**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

OK

7. Name and Address of New Registered Agent

Name

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

City

**NO CHANGE**

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

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, 2001 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

TITLE	<del>PBC</del>	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, PETER B.	
STREET ADDRESS	6300 WILSON MILLS RD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143-2182	
TITLE	ATVP	<input type="checkbox"/> Delete
NAME	DOLOHANTY, JANET A	
STREET ADDRESS	6300 WILSON MILLS RD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143-2182	
TITLE	<del>AVPD</del>	<input checked="" type="checkbox"/> Delete
NAME	CHOKEL, CHARLES B	
STREET ADDRESS	6300 WILSON MILLS RD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143-2182	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHRALLOW, DANE A	
STREET ADDRESS	300 NORTH COMMONS BLVD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CERNY, KATHLEEN M	
STREET ADDRESS	300 N COMMONS BLVD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jeffrey W. Baseh	
STREET ADDRESS	6300 Wilson Mills Rd.	
CITY-ST-ZIP	Mayfield Village, OH 44143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles C. Boucherie	
STREET ADDRESS	747 Alpha Dr.	
CITY-ST-ZIP	Highland Hts. OH 44143	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)