## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Mar 06, 2002 8:00 am Secretary of State DOCUMENT # 844772 1. Entity Name 03-06-2002 90135 049 \*\*\*150 00 PROGRESSIVE SPECIALTY INSURANCE COMPANY Mailing Address Principal Place of Business 6300 WILSON MILLS ROAD 6300 WILSON MILLS ROAD P.O. BOX 6033 MAYFIELD VILLAGE OH 44143-2182 MAYFIELD VILLAGE OH 44143-2182 US 3. Mailing Address 2. Principal Place of Business 6300 Wilson Mills Suite, Apt. #, etc. W 33 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 34-1172685 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THE FLORIDA STATE INSURANCE COMMISSIONER **CAPITOL BUILDING** TALLAHASSEE EL 32304 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition Delete TITLE Jeffrey W. B**a**sch NAME BOSCH, JEFFREY W NAME STREET ADDRESS STREET ADDRESS 6300 WILSON MILLS RD CITY-ST-ZIP MAYFIELD VILLAGE OH 44143-2182 CITY-ST-ZIE 🎦 Change Addition TITLE Delete TITLE James L. KUSMON NAME NAME DOLOHANTY, JANET A STREET ADDRESS STREET ADDRESS 6300 WILSON MILLS RD CITY-ST-ZIE CITY-ST-ZIP MAYFIELD VILLAGE OH 44143-2182 Y Change ☐ Addition TITLE ☐ Delete TITLE timothy E. Kaselonis 6300 Wilson Mills Rd. NAME NAME BOUCHERLE, CHARLES G -STREET ADDRESS STREET ADDRÉSS 747 ALPHA DRIVE CITY-ST-ZIP CITY-ST-ZIP may field Village HIGHLAND HEIGHTS OH-44143 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME SHRALLOW, DANE A STREET ADDRESS STREET ADDRESS 300 NORTH COMMONS BLVD CITY-ST-ZIP **MAYFIELD VILLAGE OH 44143** CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME CERNY, KATHLEEN M STREET ADDRESS STREET ADDRESS 300 N COMMONS BLVD CITY-ST-ZIP CITY-ST-ZIP MAYFIELD VILLAGE OH 44143 President Glenn m. Renwick Change Addition ☐ Delete TITLE NAME 6300 usi 1500 mills Rd. 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. STREET ADDRESS STREET ADDRESS

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #