


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90427 012 \*\*\*150.00

<b>DOCUMENT # 844772</b>					
1. Entity Name PROGRESSIVE SPECIALTY INSURANCE COMPANY					
Principal Place of Business 6300 WILSON MILLS ROAD W33 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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>34-1172685</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BASCH, JEFFERY W	NAME			
STREET ADDRESS	6300 WILSON MILLS RD	STREET ADDRESS			
CITY-ST-ZIP	MAYFIELD VILLAGE, OH 441432182	CITY-ST-ZIP			
TITLE	ATVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KUSMER, JAMES	NAME	Asst. Treasurer		
STREET ADDRESS	6300 WILSON MILLS RD	STREET ADDRESS			
CITY-ST-ZIP	MAYFIELD VILLAGE, OH 441432182	CITY-ST-ZIP			
TITLE	AVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KASELONIS, TIMOTHY F	NAME			
STREET ADDRESS	6300 WILSON MILLS RD	STREET ADDRESS			
CITY-ST-ZIP	MAYFIELD VILLAGE, OH 44143	CITY-ST-ZIP			
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SHRALLOW, DANE A	NAME	Secretary Dane A Shralow		
STREET ADDRESS	300 NORTH COMMONS BLVD	STREET ADDRESS	6300 Wilson Mills Rd.		
CITY-ST-ZIP	MAYFIELD VILLAGE, OH 44143	CITY-ST-ZIP	Mayfield Village, OH 44143		
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CERNY, KATHLEEN M	NAME	6300 Wilson Mills Rd.		
STREET ADDRESS	300 N COMMONS BLVD	STREET ADDRESS	Mayfield Village, OH 44143		
CITY-ST-ZIP	MAYFIELD VILLAGE, OH 44143	CITY-ST-ZIP			
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SKOVE, DAVID J.	NAME			
STREET ADDRESS	200 WESTGATE PARKWAY, SUITE 300	STREET ADDRESS			
CITY-ST-ZIP	RICHMOND, VA 23233	CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____				Date _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone # _____</small>	

50018165



03312006 Chg-P CR2E034 (11/05)