


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 844772 1. Entity Name PROGRESSIVE SPECIALTY INSURANCE COMPANY	
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FILED

2007 OCT 16 AM 7:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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10082007 REIN-P CR2E098 (1/07)

City & State	4. FEI Number 34-1172685	Applied For Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ 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 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VP NAME BASCH, JEFFERY W STREET ADDRESS 6300 WILSON MILLS RD CITY-ST-ZIP MAYFIELD VILLAGE, OH 441432182	<input checked="" type="checkbox"/> Delete	TITLE Vice President NAME Mary B. Andreano STREET ADDRESS 6300 Wilson Mills Rd. CITY-ST-ZIP Mayfield Village, OH 44143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE AT NAME KUSMER, JAMES STREET ADDRESS 6300 WILSON MILLS RD CITY-ST-ZIP MAYFIELD VILLAGE, OH 441432182	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 800110865868 10/16/07--01038--010 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AVP NAME KASELONIS, TIMOTHY F STREET ADDRESS 6300 WILSON MILLS RD CITY-ST-ZIP MAYFIELD VILLAGE, OH 44143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME SHRALLOW, DANE A STREET ADDRESS 6300 WILSON MILLS RD CITY-ST-ZIP MAYFIELD VILLAGE, OH 44143	<input checked="" type="checkbox"/> Delete	TITLE Secretary NAME Peter J. Albert STREET ADDRESS 6300 Wilson Mills Rd. CITY-ST-ZIP Mayfield Village, OH 44143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE AS NAME CERNY, KATHLEEN M STREET ADDRESS 6300 WILSON MILLS RD CITY-ST-ZIP MAYFIELD VILLAGE, OH 44143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PD NAME SKOVE, DAVID J. STREET ADDRESS 200 WESTGATE PARKWAY, SUITE 300 CITY-ST-ZIP RICHMOND, VA 23233	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Kathleen M. Cerny Kathleen M. Cerny 10/8/07 4404615000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 Asst. Secretary

10/17