

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 844772

FILED  
Apr 12, 2008  
Secretary of State

Entity Name: PROGRESSIVE SPECIALTY INSURANCE COMPANY

## Current Principal Place of Business:

6300 WILSON MILLS ROAD  
W33  
MAYFIELD VILLAGE, OH 441432182 US

## New Principal Place of Business:

## New Mailing Address:

## Current Mailing Address:

6300 WILSON MILLS ROAD  
W-33  
MAYFIELD VILLAGE, OH 441432182 US

6300 WILSON MILLS ROAD  
W33  
MAYFIELD VILLAGE, OH 441432182 US

FEI Number: 34-1172685

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: ANDREANO, MARY B  
Address: 6300 WILSON MILLS RD  
City-St-Zip: MAYFIELD VILLAGE, OH 44143

Title: AT ( ) Delete  
Name: KUSMER, JAMES  
Address: 6300 WILSON MILLS RD  
City-St-Zip: MAYFIELD VILLAGE, OH 441432182

Title: AVP ( ) Delete  
Name: KASELONIS, TIMOTHY F  
Address: 6300 WILSON MILLS RD  
City-St-Zip: MAYFIELD VILLAGE, OH 44143

Title: S ( ) Delete  
Name: ALBERT, PETER J  
Address: 6300 WILSON MILLS RD  
City-St-Zip: MAYFIELD VILLAGE, OH 44143

Title: AS ( ) Delete  
Name: CERNY, KATHLEEN M  
Address: 6300 WILSON MILLS RD  
City-St-Zip: MAYFIELD VILLAGE, OH 44143

Title: PD ( ) Delete  
Name: SKOVE, DAVID J.  
Address: 200 WESTGATE PARKWAY, SUITE 300  
City-St-Zip: RICHMOND, VA 23233

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: ANDREANO, MARY B VP  
Address: 6300 WILSON MILLS RD  
City-St-Zip: MAYFIELD VILLAGE, OH 44143

Title: AT (X) Change ( ) Addition  
Name: KUSMER, JAMES L AT  
Address: 6300 WILSON MILLS RD  
City-St-Zip: MAYFIELD VILLAGE, OH 441432182

Title: AVP (X) Change ( ) Addition  
Name: KASELONIS, TIMOTHY F AVP  
Address: 6300 WILSON MILLS RD  
City-St-Zip: MAYFIELD VILLAGE, OH 44143

Title: VP (X) Change ( ) Addition  
Name: ALBERT, PETER J VP  
Address: 6300 WILSON MILLS RD  
City-St-Zip: MAYFIELD VILLAGE, OH 44143

Title: AS (X) Change ( ) Addition  
Name: CERNY, KATHLEEN M AS  
Address: 6300 WILSON MILLS RD  
City-St-Zip: MAYFIELD VILLAGE, OH 44143

Title: PD (X) Change ( ) Addition  
Name: SKOVE, DAVID J PD  
Address: 200 WESTGATE PARKWAY, SUITE 300  
City-St-Zip: RICHMOND, VA 23233

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANE A. SHRALLOW

SEC

04/12/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date