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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

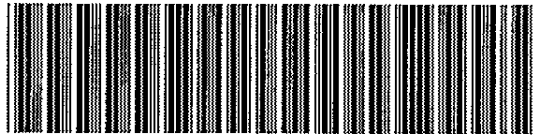
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Jennifer
8/30/06

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DIVISION OF CORPORATIONS

B. McKnight SEP 08 2006



a Wolters Kluwer business

CT
1203 Governors Square Blvd.
Tallahassee, FL 32301-2960

850 222 1092 tel
850 222 7615 fax
www.ctlegalsolutions.com

August 30, 2006

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 6705484 SO
Customer Reference 1:
Customer Reference 2:

Dear Department of State, Florida:

Please file the attached:

Progressive Consumers Insurance Company (WI)
Qualification
Florida

② Progressive Consumers Insurance Company (WI)
Obtain Document - Misc - Certified copy of filing
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to the attention of the undersigned.

If for any reason the enclosed cannot be filed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Please File 2nd

Corporate Law Department
6300 Wilson Mills Road, N72
Mayfield Village, OH 44143
phone 440 461-5000
fax 440 395-3791
progressive.com

PROGRESSIVE*

August 31, 2006

Florida Department of State
P.O. Box 6327
Tallahassee, Florida 32314

Re: Progressive Consumers Insurance Company

To Whom It May Concern:

In connection with Progressive Consumers Insurance Company's dissolution as a Florida domestic insurer, please be advised that the Company has no intention to use this name as a Florida domestic insurer upon completion of its dissolution with the Florida Department of State.

Thank you.

Very truly yours,

Margaret A. Rose

Margaret A. Rose
Assistant Secretary

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DIVISION OF CORPORATIONS

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Progressive Consumers Insurance Company
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Wisconsin 3. 59-3213819
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 12, 1994 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Please see Attachment A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. c/o CT Corporation System, 8025 Excelsior Drive, Suite 200, Madison, WI 53717
(Principal office address)
6300 Wilson Mills Road (W33), Mayfield Village, OH 44143
(Current mailing address)

8. Insurance Company
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: CFA
Office Address: 200 EAST GAINES STREET
TALLAHASSEE, Florida 32399
(City) (Zip code)

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10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

PLEASE SEE ATTACHMENT B

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

PLEASE SEE ATTACHMENT C

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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STATE

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Margaret A. Rose
(Signature of Director or Officer listed in number 12 of the application)

14. Margaret A. Rose, Assistant Secretary
(Typed or printed name and capacity of person signing application)

ATTACHMENT A
(to Question 6)

Progressive Consumers Insurance Company had been incorporated in the State of Florida on August 12, 1994 for the purpose of transacting property and casualty insurance. Per prior approval of the Florida Department of Insurance, on May 19, 2006, the Company had redomesticated from the State of Florida to the State of Wisconsin. Therefore, pursuant to instructions received from the Florida Department of State, the Company had been dissolved as a Florida domestic company and is hereby requesting qualification as a foreign corporation in Florida.

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DEPARTMENT OF CORPORATIONS

ATTACHMENT B
(to Question 12A)

Director: William R. Kampf
Address: 747 Alpha Drive, Highland Heights, Ohio 44143

Director: Donald A. McMurchy
Address: 747 Alpha Drive, Highland Heights, Ohio 44143

Director: Michael J. Miller
Address: 747 Alpha Drive, Highland Heights, Ohio 44143

Director: Karen L. Palmer
Address: 747 Alpha Drive, Highland Heights, Ohio 44143

Director: Jayne A. White
Address: 747 Alpha Drive, Highland Heights, Ohio 44143

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THE OHIO STATE

ATTACHMENT C
(to Question 12B)

President: Karen L. Palmer
Address: 747 Alpha Drive, Highland Heights, Ohio 44143

Secretary: Lynn N. Major
Address: 6300 Wilson Mills Road, Mayfield Village, Ohio 44143

Treasurer: Stephen D. Peterson
Address: 747 Alpha Drive, Highland Heights, Ohio 44143

Vice President: Donald A. McMurchy
Address: 747 Alpha Drive, Highland Heights, Ohio 44143

Vice President: Sandra L. Rihvalsky
Address: 6300 Wilson Mills Road, Mayfield Village, Ohio 44143

Vice President: Jayne A. White
Address: 747 Alpha Drive, Highland Heights, Ohio 44143

Asst. Secretary: Margaret A. Rose
Address: 6300 Wilson Mills Road, Mayfield Village, Ohio 44143

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DIVISION OF CORPORATIONS



State of Wisconsin
Office of the Commissioner of Insurance
P.O. Box 7873
Madison, Wisconsin 53707-7873

Certification of the Authenticity of Copy of Document on File

The Commissioner of Insurance of the State of Wisconsin certifies that the attached copy of

CERTIFICATE OF AUTHORITY

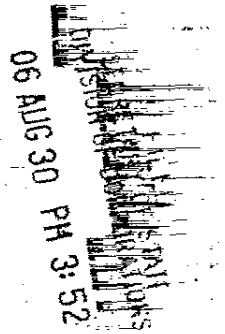
for Progressive Consumers Insurance Company

is a true and correct copy of the original now on file with the Office of the Commissioner of Insurance.

Dated at Madison, Wisconsin, this 15th day of June, 2006.

A handwritten signature in cursive script, appearing to read "Jane Dey".

Commissioner of Insurance





Certificate of Authority *State of Wisconsin*

Office of the Commissioner of Insurance

Certificate No.: 18920
Date Issued: 05/19/06
License Chapter: 611 Wis. Stat.

This is to Certify, That pursuant to the Insurance Laws of the state of Wisconsin,

Progressive Consumers Insurance Company

Wisconsin

Has paid the fees and taxes required by law and that it is hereby authorized to transact the business of:

Automobile Insurance
Fire, Inland Marine and Other Property
Liability and Incidental Medical Expense
Miscellaneous
Ocean Marine

Subject to the following limitations:

None

In the state of Wisconsin as long as the insurer continues to conform to the authority granted by this certificate, is in full compliance with all, and not in violation of any, of the applicable laws and lawful requirements made under authority of the laws of the state of Wisconsin.

A handwritten signature in black ink, appearing to read 'Janet Berg'.

Commissioner of Insurance

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