

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004043

FILED
Mar 22, 2011
Secretary of State

Entity Name: PROGRESSIVE EXPRESS INSURANCE COMPANY

Current Principal Place of Business:

6300 WILSON MILLS RD
MAYFIELD VILLAGE, OH 44143

New Principal Place of Business:

4030 CRESCENT PARK DRIVE
BUILDING B
RIVERVIEW, FL 33569

Current Mailing Address:

6300 WILSON MILLS RD
MAYFIELD VILLAGE, OH 44143

New Mailing Address:

4030 CRESCENT PARK DRIVE
BUILDING B
RIVERVIEW, FL 33569

FEI Number: 59-3213719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
200 E GAINES ST
TALLAHASSEE, FL 32399 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

OFFICERS AND DIRECTORS:

Title: PD
Name: KAMPF, WILLIAM R
Address: 4030 CRESCENT PARK DRIVE, BUILDING B
City-St-Zip: RIVERVIEW, FL 33569

Title: TD
Name: PETERSON, STEPHEN D
Address: 4030 CRESCENT PARK DRIVE, BUILDING B
City-St-Zip: RIVERVIEW, FL 33569

Title: SEC
Name: CORWIN, PATRICIA M
Address: 4030 CRESCENT PARK DRIVE, BUILDING B
City-St-Zip: RIVERVIEW, FL 33569

Title: TED
Name: BISSLER, MICHAEL W
Address: 4030 CRESCENT PARK DRIVE, BUILDING B
City-St-Zip: RIVERVIEW, FL 33569

Title: VPD
Name: HISEK, JEANNETTE
Address: 4030 CRESCENT PARK DRIVE, BUILDING B
City-St-Zip: RIVERVIEW, FL 33569

Title: VPD
Name: MILLER, MICHAEL J
Address: 4030 CRESCENT PARK DRIVE, BUILDING B
City-St-Zip: RIVERVIEW, FL 33569

I hereby 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 all other like empowered.

SIGNATURE: ANNE MEYER

POA

03/22/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date