

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000044129

**Entity Name:** PROGRESSIVE PROPERTY INSURANCE COMPANY

**Current Principal Place of Business:**

1 ASI WAY  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

1 ASI WAY  
ST. PETERSBURG, FL 33702 US

**FEI Number:** 26-1142659

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS RD #221E  
PALM BEACH GARDENS, FL 33410 US

*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

**Officer/Director Detail :**

Title PTD  
Name AUER, JOHN F  
Address 1 ASI WAY  
City-State-Zip: ST. PETERSBURG FL 33702

Title V  
Name MILKEY, KEVIN R  
Address 1 ASI WAY  
City-State-Zip: ST. PETERSBURG FL 33702

Title V  
Name CONLIN, ANGEL  
Address 1 ASI WAY  
City-State-Zip: ST. PETERSBURG FL 33702

Title V  
Name HILLIER, TREVOR C  
Address 1 ASI WAY  
City-State-Zip: ST. PETERSBURG FL 33702

Title V  
Name FJARE, TANYA  
Address 1 ASI WAY  
City-State-Zip: ST. PETERSBURG FL 33702

Title V  
Name HANNON, JEFFREY  
Address 1 ASI WAY  
City-State-Zip: ST. PETERSBURG FL 33702

Title V  
Name FOURNET, MARY  
Address 1 ASI WAY  
City-State-Zip: ST. PETERSBURG FL 33702

Title V  
Name BRUBAKER, PHILLIP  
Address 1 ASI WAY  
City-State-Zip: ST. PETERSBURG FL 33702

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*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:** AUER , JOHN F

**JIM PERKINS, ATTORNEY- 04/14/2017  
IN-FACT**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title V  
Name MCCRINCK, PATRICK  
Address 1 ASI WAY  
City-State-Zip: ST. PETERSBURG FL 33702

Title CD  
Name DOMECK, BRIAN  
Address 1 ASI WAY  
City-State-Zip: ST. PETERSBURG FL 33702

Title V  
Name CALLAHAN, PATRICK  
Address 1 ASI WAY  
City-State-Zip: ST. PETERSBURG FL 33702

Title D  
Name RENWICK, GLENN  
Address 1 ASI WAY  
City-State-Zip: ST. PETERSBURG FL 33702

Title D  
Name FASTEAU, MARC  
Address 1 ASI WAY  
City-State-Zip: ST. PETERSBURG FL 33702