Electronic Signature of Signing Officer/Director Detail

above, or on an attachment with all other like empowered. SIGNATURE: CHRISTINA L CREWS

LEMIEUX, KATHRYN M. 6300 WILSON MILLS ROAD

MAYFIELD VILLAGE OH 44143

Title CHAIRMAN, DIRECTOR Name

ASST. SECRETARY

CREWS. CHRISTINA L

Address

City-State-Zip:

Title DIRECTOR Name CONOVER, CHARLES E Address 6300 WILSON MILLS ROAD

City-State-Zip:

Title SECRETARY ALBERT, PETER J Name

MAYFIELD VILLAGE OH 44143

6300 WILSON MILLS ROAD

6300 WILSON MILLS ROAD City-State-Zip: MAYFIELD VILLAGE OH 44143

**Officer/Director Detail :** 

# Name and Address of Current Registered Agent:

P.O. BOX 5070 ATTN: LAW DEPARTMENT

CHIEF FINANCIAL OFFICER

TALLAHASSEE, FL 32399-0000 US

P O BOX 6200 (32314-6200)

200 E. GAINES ST

SIGNATURE:

Title

Name

Address

Address

City-State-Zip:

CLEVELAND, OH 44101 US

**Current Mailing Address:** 

FEI Number: 34-1172685

**Current Principal Place of Business:** 

6300 WILSON MILLS ROAD MAYFIELD VILLAGE. OH 44143

DOCUMENT# 844772

## 2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

Entity Name: PROGRESSIVE SPECIALTY INSURANCE COMPANY

Certificate of Status Desired: No

Title DIRECTOR Name DAY, HEATHER E 6300 WILSON MILLS ROAD Address MAYFIELD VILLAGE OH 44143 City-State-Zip: Title DIRECTOR Name NIEHAUS, MARK D.

City-State-Zip: MAYFIELD VILLAGE OH 44143 Title PRESIDENT, DIRECTOR Name SOUSER, GEOFFREY T Address 6300 WILSON MILLS ROAD

City-State-Zip: MAYFIELD VILLAGE OH 44143

TREASURER

BRENNAN, PATRICK S

Address 6300 WILSON MILLS ROAD MAYFIELD VILLAGE OH 44143 City-State-Zip:

ASST. SECRETARY

Date

FILED Apr 17, 2021 Secretary of State 1574203035CC

Date

04/17/2021

MAYFIELD VILLAGE OH 44143

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

6300 WILSON MILLS ROAD Address

Title

Name

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. Electronic Signature of Registered Agent

