

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 844772

Entity Name: PROGRESSIVE SPECIALTY INSURANCE COMPANY

Current Principal Place of Business:

6300 WILSON MILLS ROAD
MAYFIELD VILLAGE, OH 44143

Current Mailing Address:

P.O. BOX 5070
ATTN: LAW DEPARTMENT
CLEVELAND, OH 44101 US

FEI Number: 34-1172685

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 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 ASST. SECRETARY
Name CERNY, KATHLEEN M.
Address 6300 WILSON MILLS ROAD
City-State-Zip: MAYFIELD VILLAGE OH 44143

Title VP, DIRECTOR
Name BAILO, KAREN B
Address 6300 WILSON MILLS ROAD
City-State-Zip: MAYFIELD VILLAGE OH 44143

Title CHAIRMAN, DIRECTOR
Name LEMIEUX, KATHRYN M.
Address 6300 WILSON MILLS ROAD
City-State-Zip: MAYFIELD VILLAGE OH 44143

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

Title DIRECTOR
Name PRATT, DAVID L.
Address 6300 WILSON MILLS ROAD
City-State-Zip: MAYFIELD VILLAGE OH 44143

Title CHAIRMAN, PRESIDENT, DIRECTOR
Name SKOVE, DAVID J.
Address 6300 WILSON MILLS ROAD
City-State-Zip: 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 above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN M. CERNY

ASSISTANT SECRETARY 04/10/2015

Electronic Signature of Signing Officer/Director Detail

_____ Date