# Entity Name: PROGRESSIVE EXPRESS INSURANCE COMPANY

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

## Current Principal Place of Business:

6300 WILSON MILLS ROAD MAYFIELD VILLAGE, OH 44143

DOCUMENT# F10000004043

### **Current Mailing Address:**

6300 WILSON MILLS ROAD MAYFIELD VILLAGE, OH 44143 US

## FEI Number: 59-3213719

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER 200 E GAINES ST TALLAHASSEE, FL 32399 US Certificate of Status Desired: No

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

#### Officer/Director Detail :

	Title	PRESIDENT, DIRECTOR	Title	DIRECTOR
	Name	SCHUNTER, JOCHEN	Name	BEMER, PATRICIA O.
	Address	6300 WILSON MILLS ROAD	Address	6300 WILSON MILLS ROAD
	City-State-Zip:	MAYFIELD VILLAGE OH 44143	City-State-Zip:	MAYFIELD VILLAGE OH 44143
	Title	TREASURER, DIRECTOR	Title	DIRECTOR
	Name	FISCHER, CORY W	Name	O'MALLEY, PATRICK L.
	Address	6300 WILSON MILLS ROAD	Address	6300 WILSON MILLS ROAD
	City-State-Zip:	MAYFIELD VILLAGE OH 44143	City-State-Zip:	MAYFIELD VILLAGE OH 44143
	Title	DIRECTOR	Title	ASSISTANT SECRETARY
	Title Name	DIRECTOR MILLER, MICHAEL J.	Title Name	ASSISTANT SECRETARY ROSE, MARGARET A.
	Name	MILLER, MICHAEL J.	Name	ROSE, MARGARET A. 6300 WILSON MILLS ROAD
	Name Address	MILLER, MICHAEL J. 6300 WILSON MILLS ROAD	Name Address	ROSE, MARGARET A. 6300 WILSON MILLS ROAD
	Name Address City-State-Zip:	MILLER, MICHAEL J. 6300 WILSON MILLS ROAD MAYFIELD VILLAGE OH 44143	Name Address	ROSE, MARGARET A. 6300 WILSON MILLS ROAD
	Name Address City-State-Zip: Title	MILLER, MICHAEL J. 6300 WILSON MILLS ROAD MAYFIELD VILLAGE OH 44143 SECRETARY	Name Address	ROSE, MARGARET A. 6300 WILSON MILLS ROAD
	Name Address City-State-Zip: Title Name	MILLER, MICHAEL J. 6300 WILSON MILLS ROAD MAYFIELD VILLAGE OH 44143 SECRETARY CORWIN, PATRICIA M 6300 WILSON MILLS ROAD	Name Address	ROSE, MARGARET A. 6300 WILSON MILLS ROAD

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: PATRICIA CORWIN

SECRETARY

04/28/2024

Date

Electronic Signature of Signing Officer/Director Detail

FILED Apr 28, 2024 Secretary of State 9821403437CC

Date