

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000004043

**Entity Name:** PROGRESSIVE EXPRESS INSURANCE COMPANY

**Current Principal Place of Business:**

6300 WILSON MILLS ROAD  
MAYFIELD VILLAGE, OH 44143

**Current Mailing Address:**

6300 WILSON MILLS ROAD  
MAYFIELD VILLAGE, OH 44143 US

**FEI Number:** 59-3213719

**Certificate of Status Desired:** No

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

CHIEF FINANCIAL OFFICER  
200 E GAINES ST  
TALLAHASSEE, FL 32399 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            PRESIDENT, DIRECTOR  
Name            SCHUNTER, JOCHEN  
Address        6300 WILSON MILLS ROAD  
City-State-Zip: MAYFIELD VILLAGE OH 44143

Title            DIRECTOR  
Name            BEMER, PATRICIA O.  
Address        6300 WILSON MILLS ROAD  
City-State-Zip: MAYFIELD VILLAGE OH 44143

Title            TREASURER, DIRECTOR  
Name            FISCHER, CORY W  
Address        6300 WILSON MILLS ROAD  
City-State-Zip: MAYFIELD VILLAGE OH 44143

Title            DIRECTOR  
Name            O'MALLEY, PATRICK L.  
Address        6300 WILSON MILLS ROAD  
City-State-Zip: MAYFIELD VILLAGE OH 44143

Title            DIRECTOR  
Name            MILLER, MICHAEL J.  
Address        6300 WILSON MILLS ROAD  
City-State-Zip: MAYFIELD VILLAGE OH 44143

Title            ASSISTANT SECRETARY  
Name            ROSE, MARGARET A.  
Address        6300 WILSON MILLS ROAD  
City-State-Zip: MAYFIELD VILLAGE OH 44143

Title            SECRETARY  
Name            CORWIN, PATRICIA M  
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:** PATRICIA M. CORWIN

**SECRETARY**

**04/28/2023**

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

\_\_\_\_\_  
Date