## 2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000004043

Entity Name: PROGRESSIVE EXPRESS INSURANCE COMPANY

**FILED** Apr 19, 2013 **Secretary of State** CC5626435290

## **Current Principal Place of Business:**

4030 CRESCENT PARK DRIVE

**BUILDING B** 

RIVERVIEW, FL 33569

## **Current Mailing Address:**

4030 CRESCENT PARK DRIVE

**BUILDING B** 

RIVERVIEW, FL 33569 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:

City-State-Zip:

Name

Electronic Signature of Registered Agent Date

Name

Officer/Director Detail:

PRESIDENT/DIRECTOR Title Title **TREASURER** 

KAMPF. WILLIAM R PETERSON, STEPHEN D Name Name

Address 4030 CRESCENT PARK DRIVE Address 4030 CRESCENT PARK DRIVE

> **BUILDING B BUILDING B**

RIVERVIEW FL 33569 RIVERVIEW FL 33569 City-State-Zip:

Title **SECRETARY** Title ASSISTANT SECRETARY CORWIN, PATRICIA M ROSE, MARGARET A.

4030 CRESCENT PARK DRIVE 4030 CRESCENT PARK DRIVE Address Address

> **BUILDING B BUILDING B**

RIVERVIEW FL 33569 RIVERVIEW FL 33569 City-State-Zip: City-State-Zip:

Title **DIRECTOR** 

BERNER, PATRICIA O Name

4030 CRESCENT PARK DRIVE Address

**BUILDING B** 

RIVERVIEW FL 33569 City-State-Zip:

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: MARGARET A. ROSE

Electronic Signature of Signing Officer/Director Detail

04/19/2013 ASSISTANT SECRETARY

Date