

2018 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 KAMPF, WILLIAM R.
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 BISSLER, MICHAEL W
Address 6300 WILSON MILLS ROAD
City-State-Zip: MAYFIELD VILLAGE OH 44143

Title DIRECTOR
Name HISEK, JEANETTE 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****03/29/2018**

Electronic Signature of Signing Officer/Director Detail

Date