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FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 611687 (5)
1. Corporation Name
PROGRESSIVE AMERICAN INSURANCE COMPANY



Principal Place of Business
3802 COCONUT PALM DR
TAMPA FL 33619
US

Mailing Address
6300 WILSON MILLS RD
MAYFIELD VILLAGE OH 44124
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/27/1979

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

25 3802 COCONUT PALM DR

26 Suite, Apt. #, etc.

27 City & State
TAMPA FL

28 Zip Country

29 33619

30 US

4. FEI Number

34-1094197

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITOL BLDG.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MCMILLAN, ROBERT
STREET ADDRESS 3802 COCONUT PALM DR.
CITY-ST-ZIP TAMPA FL ☒ DELETE

TITLE DT
NAME CHOKEL, CHARLES B
STREET ADDRESS 6300 WILSON MILLS RD
CITY-ST-ZIP MAYFIELD VILLAGE OH ☐ DELETE

TITLE DC
NAME LEWIS, PETER B
STREET ADDRESS 6300 WILSON MILLS RD.
CITY-ST-ZIP MAYFIELD VILLAGE OH ☐ DELETE

TITLE SD
NAME SCHNEIDER, DAVID M.
STREET ADDRESS 6300 WILSON MILLS RD.
CITY-ST-ZIP MAYFIELD VILLAGE OH ☐ DELETE

TITLE ATP
NAME DOLOHANTY, JANET
STREET ADDRESS 6300 WILSON MILLS RD
CITY-ST-ZIP MAYFIELD VILLAGE OH ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME LEWIS, DANIEL R
1.3 STREET ADDRESS 8881 N.W. 18th Terrace
1.4 CITY-ST-ZIP Miami, FL 33172 ☐ Change ☒ Addition

2.1 TITLE AN
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 44143-2182 ☐ Change ☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 44143-2182 ☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP 44143-2182 ☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 44143-2182 ☐ Change ☒ Addition

6.1 TITLE AS
6.2 NAME CERNY, KATHLEEN M
6.3 STREET ADDRESS 6300 WILSON MILLS RD
6.4 CITY-ST-ZIP MAYFIELD VILLAGE, OH 44143-2182 ☐ Change ☒ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

CR2E034 (10/97)