


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90028 045 ***150.00

DOCUMENT # 611687 1. Entity Name PROGRESSIVE AMERICAN INSURANCE COMPANY					
Principal Place of Business 4030 CRESCENT PARK DRIVE BUILDING B RIVERVIEW, FL 33569 US			Mailing Address 4030 CRESCENT PARK DRIVE BUILDING B RIVERVIEW, FL 33569 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 6300 Wilson Mills Rd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Mayfield Village, OH		4. FEI Number 34-1094197	
Zip		Zip 44143		Country USA	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP ANDREANO, MARY B 4030 CRESCENT PARK DRIVE, BUILDING B RIVERVIEW, FL 33569	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	6300 Wilson Mills Rd. Mayfield Village, OH 44143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD FIBBI, TERENCE W 4030 CRESCENT PARK DRIVE, BUILDING B RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	King, Thomas A. 6300 Wilson Mills Rd. Mayfield Village, OH 44143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SKOVE, DAVID J 4030 CRESCENT PARK DRIVE, BUILDING B RIVERVIEW, FL 33569	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	200 Westgate Parkway, Suite 300 Richmond, VA 23233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SHRALLOW, DANE A 4030 CRESCENT PARK DRIVE, BUILDING B RIVERVIEW, FL 33569	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	6300 Wilson Mills Rd. Mayfield Village, OH 44143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT KUSMER, JAMES L 4030 CRESCENT PARK DRIVE, BUILDING B RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT Cerny, Kathleen M. 6300 Wilson Mills Rd. Mayfield Village, OH 44143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD TRAPP, GREGORY J 4030 CRESCENT PARK DRIVE, BUILDING B RIVERVIEW, FL 33569	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD Skove, David J. 200 Westgate Parkway, Suite 300 Richmond, VA 23233	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Mary B. Andreano</u> / Mary B. Andreano 4-17-08 (440) 446-7908 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

40077006

PROGRESSIVE®**Issue Date:** 03/27/2008**Draft Number:** 601469614**Page:** 1**Vendor Name:** STATE OF FLORIDA

Inv. Date	Invoice Number	P.O. Number	Gross Amount	Disc Amount	Net Amount
03/20/2008	15000022008	0	150.00	0.00	150.00
	DOCUMENT NO 611687				
	02 Progressive American Insurance Company				

Page Total	150.00	0.00	150.00
Grand Total	150.00	0.00	150.00

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