

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

03-31-2003 90207 037 ***150.00

DOCUMENT # 611687			
1. Entity Name PROGRESSIVE AMERICAN INSURANCE COMPANY			
Principal Place of Business 4030 CRESCENT PARK DR BULD B RIVERVIEW FL 33569 US		Mailing Address 6300 WILSON MILLS RD W-33 MAYFIELD VILLAGE OH 44143 US	
2. Principal Place of Business 4030 Crescent Park Dr.		3. Mailing Address	
Suite, Apt. #, etc. Bldg. B		Suite, Apt. #, etc.	
City & State RIVERVIEW FL		City & State	
Zip 33569	Country USA	Zip	Country
4. FEI Number 34-1094197		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
INSURANCE COMMISSIONER 200 EAST GAINES ST LARSON BUILDING TALLAHASSEE FL 32399		Name Street Address (P.O. BOX NUMBER) City & State 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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		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	P DOMECK, BRIAN C 625 ALPHA DR HIGHLAND HTS OH 44143	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BASCH, JEFFERY 6300 WILSON MILLS RD MAYFIELD VILLAGE OH 44143-2182	<input type="checkbox"/> Delete	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC RENWICK, GLENN M 6300 WILSON MILLS RD. MAYFIELD VILLAGE OH 44143-2182	<input type="checkbox"/> Delete	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHRALLOW, DANE A 300 N. COMMONS BLVD MAYFIELD VILLAGE OH 44143	<input type="checkbox"/> Delete	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATVP KUSMER, JAMES L 6300 WILSON MILLS RD MAYFIELD VILLAGE OH 44143-2182	<input type="checkbox"/> Delete	SVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CERNY, KATHLEEN M 300 N COMMONS BLVD MAYFIELD VILLAGE OH 44143-2182	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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: 		Date: 3-17-03 Daytime Phone #: 440-461-5000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (10/02)