

# 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.  
Suite, Apt. #, etc.  
Bldg. B**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**RIVERVIEW FL**

City & State

Zip

**33569**

Country

**USA**

Country

**USA**

4. FEI Number

**34-1094197**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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)

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete

**P  
NAME  
DOMECK, BRIAN C  
STREET ADDRESS  
625 ALPHA DR  
CITY-ST-ZIP  
HIGHLAND HTS OH 44143**

TITLE ☐ Delete

**VP  
NAME  
BASCH, JEFFERY  
STREET ADDRESS  
6300 WILSON MILLS RD  
CITY-ST-ZIP  
MAYFIELD VILLAGE OH 44143-2182**

TITLE ☐ Delete

**DC  
NAME  
RENWICK, GLENN M  
STREET ADDRESS  
6300 WILSON MILLS RD.  
CITY-ST-ZIP  
MAYFIELD VILLAGE OH 44143-2182**

TITLE ☐ Delete

**S  
NAME  
SHRALLOW, DANE A  
STREET ADDRESS  
300 N. COMMONS BLVD  
CITY-ST-ZIP  
MAYFIELD VILLAGE OH 44143**

TITLE ☐ Delete

**ATVP  
NAME  
KUSMER, JAMES L  
STREET ADDRESS  
6300 WILSON MILLS RD  
CITY-ST-ZIP  
MAYFIELD VILLAGE OH 44143-2182**

TITLE ☐ Delete

**AS  
NAME  
CERNY, KATHLEEN M  
STREET ADDRESS  
300 N COMMONS BLVD  
CITY-ST-ZIP  
MAYFIELD VILLAGE OH 44143-2182**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

**PD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☒ Change ☐ Addition

**VPD  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☒ Change ☐ Addition

**D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☒ Change ☐ Addition

**SVP  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE ☐ Change ☐ Addition

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

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:

**SIGNATURE REQUIRED Jeffery W. Basch**

**3-17-03**

**440-461-5000**

Date

Daytime Phone #

CR2E034 (10/02)