FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 26 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 658743 (0)

1. Corporation Name
PROGRESSIVE SOUTHEASTERN INSURANCE COMPANY

Principal Place of Business	Mailing Address
3802 COCONUT PALM DR TAMPA FL 33619 US	6300 WILSON MILLS RD MAYFIELD VILLAGE OH 44124 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/11/1980
3a. Date of Last Report: 06/27/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-1951700 ☐ 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 has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
THE CAPITAL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	MCMILLAN, ROBERT J.	1.2 NAME	
STREET ADDRESS	1005 CENTERBROOK DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRANDON FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	FEUERSTEIN, GARY	2.2 NAME	
STREET ADDRESS	12211 SNEAD PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE	CD	3.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, PETER B.	3.2 NAME	
STREET ADDRESS	27500 CEDAR ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BEACHWOOD OH	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	MARLOWE, BRUCE	4.2 NAME	Marlow, Bruce
STREET ADDRESS	3010 TORRINGTON RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SHAKER HEIGHTS OH	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	SCHNEIDER, DAVID M.	5.2 NAME	
STREET ADDRESS	2767 BELGRAVE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PEPPER PIKE OH	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	T/D ☒ Change ☐ Addition
NAME	LEWIS, DANIEL R.	6.2 NAME	Lewis, Charles D
STREET ADDRESS	20 LAUREL CT	6.3 STREET ADDRESS	2613 Bellaire Dr
CITY-ST-ZIP	MORELAND HILLS OH	6.4 CITY-ST-ZIP	Pepper Pike OH 44124

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0384778 CP