
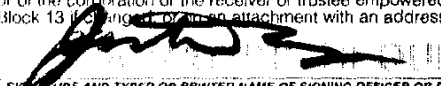


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 658743 (0) 1. Corporation Name PROGRESSIVE SOUTHEASTERN INSURANCE COMPANY					
Principal Place of Business 3802 COCONUT PALM DR TAMPA FL 33619 US			Mailing Address 6300 WILSON MILLS RD MAYFIELD VILLAGE OH 44143-2109 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/11/1980 3a. Date of Last Report 04/25/1996 4. FEI Number 59-1951700 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS 1.1 TITLE <input type="checkbox"/> DELETE 1.2 NAME PD MCMILLAN, ROBERT J. 1.3 STREET ADDRESS 3802 COCONUT PALM DR. 1.4 CITY-ST-ZIP TAMPA FL 2.1 TITLE <input type="checkbox"/> DELETE 2.2 NAME D FEUERSTEIN, GARY 2.3 STREET ADDRESS 3802 COCONUT PALM DR. 2.4 CITY-ST-ZIP TAMPA FL 3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME CD LEWIS, PETER B. 3.3 STREET ADDRESS 6300 WILSON MILLS RD. 3.4 CITY-ST-ZIP MAYFIELD VILLAGE OH 4.1 TITLE <input checked="" type="checkbox"/> DELETE 4.2 NAME D MARLOW, BRUCE 4.3 STREET ADDRESS 6300 WILSON MILLS RD. 4.4 CITY-ST-ZIP MAYFIELD VILLAGE OH 5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME SD SCHNEIDER, DAVID M. 5.3 STREET ADDRESS 6300 WILSON MILLS RD. 5.4 CITY-ST-ZIP MAYFIELD VILLAGE OH 6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME TD CHOKEL, CHARLES B 6.3 STREET ADDRESS 6300 WILSON MILLS RD. 6.4 CITY-ST-ZIP MAYFIELD VILLAGE OH					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE Asst. Treasurer / Asst. V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME Donat A. Delohanty 1.3 STREET ADDRESS 6300 Wilson Mills Rd. 1.4 CITY-ST-ZIP Mayfield Village, OH 44143 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					
14. I do 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 being added or in an attachment with an address).					
SIGNATURE:  Donat A. Delohanty 4/22/97 201/461-5000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)