FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 30, 2000 8:00 am Secretary of State DOCUMENT # 1058743 1. Entity Name 05-30-2000 90093 028 \*\*\*150.00 PROGRESSIVE SOUTHEASTERN INSURANCE COMPANY Mailing Address Principal Place of Business A0064773 3. Mailing Address 2. Principal Place of Business 6300 WILSON MILLS RO 1033 4030 CRESPENT PARK DRIVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. BULDINE B City & State Applied For City & State 4. FEI Number Not Applicable 59-1951<u>70</u>0 MANFIELD RIVERVIEW, FA Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STATE TREASURER AND INSURANCE COMMISSIONER Street Address (P.O. Box Number is Not Acceptable) THE CAPITOL TALLAHASSEE, FL 32399 Zip Code City 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. [X] Change ☐ Delete TITLE TITLE NAME NAME DOMECK, BRIAN C 3600 W. COMMERCIAL BLVD, SUTTE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAUDERDALE LAKES, FL 33309 (X) Change TITLE ☐ Delete TITLE CERNY , KATHLEEN M. NAME NAME STREET ADORESS 1300 N. COMMONS BLVD STREET ADDRESS CITY-ST-ZIE MAYFIELD VILLAGE, OH 44143 CITY-ST-ZIP ☐ Change ☐ Addition  $\overline{c}$ ☐ Delete TITLE TITLE LEWIS, PETER B NAME NAME 6300 WILSON HILLS RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAYFIELD VILLAGE OH 44143 Change ☐ Addition Delete TITLE TITLE NAME, DOLOHANTY, JANET A. STREET ADDRESS STREET ADDRESS 6300 WILSON MILLS RD CITY-ST-ZIP CITY-ST-7IP HAYFIELD VILLAGE, OH 44143 (Change ☐ Addition TITLE Delete NAME SHRALLOW, DANE A NAME STREET ADDRESS 300 H. COUHONS BLYD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAYFIELD VILLAGE, OH Change XX Addition TITLE AVP 🌫 □ Delete TITLE CHOKEL, CHARLES B NAME NAME STREET ADDRESS STREET ADDRESS 6300 WILSON MILLS CITY-ST-ZIP MAYFIELD VILLAGE, 01 44143 13. 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 11 or Block 12 if changed, or on an attachr with all other like empowe SIGNATURE: A

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #