

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90427 011 ***150.00

DOCUMENT # 658743

1. Entity Name
**PROGRESSIVE SOUTHEASTERN INSURANCE
COMPANY**



Principal Place of Business
**4030 CRESCENT PARK DRIVE
BUILDING B
RIVERVIEW, FL 33569 US**

Mailing Address
**6300 WILSON MILLS RD
W33
MAYFIELD VILLAGE, OH 44143 US**

50018166



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04102006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
59-1951700

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DIRECTOR OF OFFICE OF INSURANCE REGULATION
200 EAST GAINES STREET
TALLAHASSEE, FL 32599-0300**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **MADDEN, TIMOTHY**
STREET ADDRESS **4221 W BOY SCOUT BLVD**
CITY-ST-ZIP **TAMPA, FL 33607**

TITLE **AS** ☐ Delete
NAME **CERNY, KATHLEEN M**
STREET ADDRESS **300 N COMMONS BLVD**
CITY-ST-ZIP **MAYFIELD VILLAGE, OH 441432182**

TITLE **D** ☐ Delete
NAME **SKAVE, DAVID J**
STREET ADDRESS **2300 WESTGATE PKWY, STE 300**
CITY-ST-ZIP **RICHMOND, VA 23233**

TITLE **AT** ☐ Delete
NAME **KUSMER, JAMES L**
STREET ADDRESS **6300 WILSON MILLS RD.**
CITY-ST-ZIP **MAYFIELD VILLAGE, OH 441432182**

TITLE **S** ☐ Delete
NAME **SHRALLOW, DANE A**
STREET ADDRESS **300 N COMMONS BLVD**
CITY-ST-ZIP **MAYFIELD VILLAGE, OH 441432182**

TITLE **VPD** ☐ Delete
NAME **BASCH, JEFFREY W**
STREET ADDRESS **6300 WILSON MILLS RD.**
CITY-ST-ZIP **MAYFIELD VILLAGE, OH 441432182**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Treasurer/Director** ☐ Change ☒ Addition
NAME **Terence W. Fibbi**
STREET ADDRESS **300 N. Commons Blvd.**
CITY-ST-ZIP **Mayfield Village, OH 44143**

TITLE ☒ Change ☐ Addition
NAME **6300 Wilson Mills Rd.**
STREET ADDRESS **Mayfield Village, OH 44143**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **President**
STREET ADDRESS **David J. Skove**
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **6300 Wilson Mills Rd.**
STREET ADDRESS **Mayfield Village, OH 44143**
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 exemptions contained in Chapter 119, 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:

Jeffrey W. Bosch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #