

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90316 044 ***150.00

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1. Entity Name
PROGRESSIVE SPECIALTY INSURANCE COMPANY



Principal Place of Business
**6300 WILSON MILLS ROAD
W33
MAYFIELD VILLAGE, OH 44143-2182 US**

Mailing Address
**6300 WILSON MILLS ROAD
W-33
MAYFIELD VILLAGE, OH 44143-2182 US**

50043056



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01272005 Chg-P CR2E034 (10/03)

4. FEI Number
34-1172685

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

**CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE **AVP** ☐ Delete
NAME **KASELONIS, TIMOTHY F**
STREET ADDRESS **6300 WILSON MILLS RD**
CITY-ST-ZIP **MAYFIELD VILLAGE, OH 44143**

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

TITLE **DVP** ☐ Delete
NAME **SHRALLOW, DANE A**
STREET ADDRESS **300 NORTH COMMONS BLVD**
CITY-ST-ZIP **MAYFIELD VILLAGE, OH 44143**

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

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

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

TITLE **PD** ☒ Delete
NAME **RENNICK, GLENN M**
STREET ADDRESS **6300 WILSON MILLS RD**
CITY-ST-ZIP **MAYFIELD VILLAGE, OH 44143**

TITLE **PD** ☐ Change ☒ Addition
NAME **David J. Skove**
STREET ADDRESS **200 Westgate Parkway - Suite #300**
CITY-ST-ZIP **Richmond, VA 23233**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #