

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 844772

FILED
Apr 03, 2012
Secretary of State

Entity Name: PROGRESSIVE SPECIALTY INSURANCE COMPANY

Current Principal Place of Business:

6300 WILSON MILLS ROAD
MAYFIELD VILLAGE, OH 44143 US

New Principal Place of Business:

Current Mailing Address:

6300 WILSON MILLS ROAD
MAYFIELD VILLAGE, OH 44143 US

New Mailing Address:

FEI Number: 34-1172685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCD
Name: SKOVE, DAVID J PCD
Address: 6300 WILSON MILLS ROAD
City-St-Zip: MAYFIELD VILLAGE, OH 44143 US

Title: VPS
Name: ALBERT, PETER J VPS
Address: 6300 WILSON MILLS ROAD
City-St-Zip: MAYFIELD VILLAGE, OH 44143 US

Title: TREA
Name: KING, THOMAS A TREA
Address: 6300 WILSON MILLS ROAD
City-St-Zip: MAYFIELD VILLAGE, OH 44143 US

Title: DVP
Name: BARONE, KAREN M DVP
Address: 6300 WILSON MILLS ROAD
City-St-Zip: MAYFIELD VILLAGE, OH 44143 US

Title: DIR
Name: LEMIEUX, KATHI DIR
Address: 6300 WILSON MILLS ROAD
City-St-Zip: MAYFIELD VILLAGE, OH 44143

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRITNI WIGE

POA

04/03/2012

Electronic Signature of Signing Officer or Director

Date