

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F06000005791			
1. Corporation Name Progressive Southeastern Insurance Company			
2. Principal Office Address - No P.O. Box # c/o CT Corporation System 251 East Ohio Street Suite, Apt. #, etc. Suite 1100 City & State Indianapolis, IN Zip 46204 Country USA		3. Mailing Office Address 6300 Wilson Mills Road Suite, Apt. #, etc. City & State Mayfield Village, OH Zip 44143 Country	
7. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation State FL Zip Code 33324		4. Date Incorporated or Qualified To Do Business in Florida 8/30/2006 5. FEI Number 59-1951700 6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Addt'l Fee required for a Certificate of Status ☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent <i>Diane Stout</i> Diane Stout, Asst. Secretary Date 2-25-08 REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See Attached		
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: <i>Kathleen M. Cerny</i> Kathleen M. Cerny Asst. Secretary SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2/25/08 440-4161-5000 Daytime Phone #	

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TALLAHASSEE, FLORIDA

CR2E081 (1/07)

REINSTATEMENT
07-08

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TALLAHASSEE, FLORIDA

**FLORIDA DEPARTMENT OF STATE
CORPORATION REINSTATEMENT
ATTACHMENT TO BLOCK 9 FILED
ON BEHALF OF
PROGRESSIVE SOUTHEASTERN INSURANCE COMPANY**

TITLE	NAME OF OFFICERS AND/OR DIRECTORS	STREET ADDRESS	CITY/STATE/ZIP
D	Richard R. Crawley	300 N. Commons Blvd.	Mayfield Village, OH 44143
D	Christopher J. Garson	300 N. Commons Blvd.	Mayfield Village, OH 44143
D/C/P	David J. Skove	200 Westgate PKWY, Ste. 300	Richmond, VA 23253
D	Scott A. Vincent	1300 Airport North Office Park, Suite A	Fort Wayne, IN 46825
D	Steven B. Gellen	300 N. Commons Blvd.	Mayfield Village, OH 44143
S	Dane A. Shallow	6300 Wilson Mills Road	Mayfield Village, OH 44143
T	Thomas A. King	6300 Wilson Mills Road	Mayfield Village, OH 44143
Asst. S	Kathleen M. Cerny	6300 Wilson Mills Road	Mayfield Village, OH 44143
Asst. T	James L. Kusmer	6300 Wilson Mills Road	Mayfield Village, OH 44143
VP	Mary B. Andreano	6300 Wilson Mills Road	Mayfield Village, OH 44143
AVP	Timothy F. Kaselonis	6300 Wilson Mills Road	Mayfield Village, OH 44143
AVP	Kiara C. Berglund	300 N. Commons Blvd.	Mayfield Village, OH 44143
AVP	Ronald M. Wells	6300 Wilson Mills Road	Mayfield Village, OH 44143

Florida Department of State
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CORPORATION REINSTATEMENT**PROGRESSIVE SOUTHEASTERN INSURANCE COMPANY**

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