

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005791

FILED  
Aug 03, 2009  
Secretary of State

Entity Name: PROGRESSIVE SOUTHEASTERN INSURANCE COMPANY

**Current Principal Place of Business:**

C/O CT CORPORATION SYSTEM  
251 EAST OHIO STREET SUITE 1100  
INDIANAPOLIS, IN 46204

**New Principal Place of Business:**

**Current Mailing Address:**

6300 WILSON MILLS RD  
MAYFIELD VILLAGE, OH 44143

**New Mailing Address:**

FEI Number: 59-1951700      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 32399 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CRAWLEY, RICHARD R  
Address: 300 NORTH COMMONS BLVD  
City-St-Zip: MAYFIELD VILLAGE, OH 44143

Title: D ( ) Delete  
Name: GARSON, CHRISTOPHER J  
Address: 300 NORTH COMMONS BLVD  
City-St-Zip: MAYFIELD VILLAGE, OH 44143

Title: DCP ( ) Delete  
Name: SKOVE, DAVID J  
Address: 200 WESTGATE PARKWAY SUITE 300  
City-St-Zip: RICMOND, VA 23233

Title: D ( ) Delete  
Name: VINCENT, SCOTT A  
Address: 1300 AIRPORT NORTH, OFFICE PARK, SUITE A  
City-St-Zip: FT WAYNE, IN 46825

Title: D ( ) Delete  
Name: GELLEN, STEVEN B  
Address: 300 N COMMONS BLVD  
City-St-Zip: MAYFIELD VILLAGE, OH 44143

Title: S ( ) Delete  
Name: SHRALLOW, DANE EEN A  
Address: 6300 WILSON MILLS ROAD  
City-St-Zip: MAYFIELD VILLAGE, OH 44143

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: CRAWLEY, RICHARD R  
Address: 6300 WILSON MILLS RD  
City-St-Zip: MAYFIELD VILLAGE, OH 44143

Title: D (X) Change ( ) Addition  
Name: GARSON, CHRISTOPHER J  
Address: 6300 WILSON MILLS RD  
City-St-Zip: MAYFIELD VILLAGE, OH 44143

Title: DC (X) Change ( ) Addition  
Name: SKOVE, DAVID J  
Address: 6300 WILSON MILLS RD  
City-St-Zip: MAYFIELD VILLAGE, OH 44143

Title: P (X) Change ( ) Addition  
Name: JOHNSON, CHRISTINE A  
Address: 6300 WILSON MILLS RD  
City-St-Zip: MAYFIELD VILLAGE, OH 44143

Title: D (X) Change ( ) Addition  
Name: BRIGLIA, JEFFREY E  
Address: 6300 WILSON MILLS RD  
City-St-Zip: MAYFIELD VILLAGE, OH 44143

Title: S (X) Change ( ) Addition  
Name: SHRALLOW, DANE A  
Address: 6300 WILSON MILLS RD  
City-St-Zip: MAYFIELD VILLAGE, OH 44143

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANNE MEYER

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

POA

08/03/2009

\_\_\_\_\_ Date