

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005791

FILED  
Apr 02, 2010  
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:**

C/O CORPORATION SYSTEM  
251 EAST OHIO STREET STE. 1100  
INDIANAPOLIS, IN 46204

**Current Mailing Address:**

6300 WILSON MILLS RD  
MAYFIELD VILLAGE, OH 44143

**New Mailing Address:**

C/O CORPORATION SYSTEM  
251 EAST OHIO STREET STE. 1100  
INDIANAPOLIS, IN 46204

**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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: JOHNSON, CHRISTINE A  
Address: C/O CORP. SYS. 251 E. OHIO STR. STE. 1100  
City-St-Zip: INDIANAPOLIS, IN 46204

Title: SEC  
Name: SHRALLOW, DANE A  
Address: C/O CORP. SYS. 251 E. OHIO STR. STE. 1100  
City-St-Zip: INDIANAPOLIS, IN 46204

Title: TD  
Name: BRIGLIA, JEFFREY E  
Address: C/O CORP. SYS. 251 E. OHIO STR. STE. 1100  
City-St-Zip: INDIANAPOLIS, IN 46204

Title: VP  
Name: ANDREANO, MARY B  
Address: C/O CORP. SYS. 251 E. OHIO STR. STE. 1100  
City-St-Zip: INDIANAPOLIS, IN 46204

Title: DIR  
Name: DOMECK, BRIAN C  
Address: C/O CORP. SYS. 251 E. OHIO STR. STE. 1100  
City-St-Zip: INDIANAPOLIS, IN 46204

Title: DIR  
Name: LEMIEUX, KATHI  
Address: C/O CORP. SYS. 251 E. OHIO STR. STE. 1100  
City-St-Zip: INDIANAPOLIS, IN 46204

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:** ANNE MEYER

POA

04/02/2010

Electronic Signature of Signing Officer or Director

Date