2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2012
Secretary of State

DOCUMENT# F06000005791

Entity Name: PROGRESSIVE SOUTHEASTERN INSURANCE COMPANY

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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

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

OFFICERS AND DIRECTORS:

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

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

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

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

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

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