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Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023 Phone : (850)222-1092 Fax Number : (850)878-5926

### FOREIGN PROFIT/NONPROFIT CORPORATION

Progressive Alliances Insurance Agency, Inc.

Certificate of Status	0
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## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1 PROGRESSIV	e alliances insurance agency, in	AC.
(Enter name of	corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.")	
(If name unavai	lable in Florida, onter alternate corporate nam	ne adapted for the purpose of transacting business in Florida)
2. Washington		3. 91-1709749
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)
4. 01/26/1996		5. Perpetual
(Dat	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualifica		
		in Florida, if prior to registration) 1502, F.S., to determine penalty liability)
7. 112th Avenue,	NE, Suite 300, Bellevus, WA 98004	
	(Prinsipal office as	drass)
P.O. Box 5070,	Attn. Law Dept., Cleveland, OH 44101	
	(Current mailing ac	idress)
8. Insurance Agen		
(Purpose(	s) of corporation authorized in home state or	country to be carried out in state of Florida)
9. Name and stree	et address of Florida registered agent: (P.	O. Box NOT acceptable)
Name:	C T Corporation System	
Office Address:	1200 South Pine Island Road	
	Plantation	, Florida <u>33324</u>
	(City)	(Zip code)
In Penistened o	gent's acceptance:	
Having been nam designated in this further agree to c	ed as registered agent and to accept ser application, I kereby accept the appoint omply with the provisions of all statutes with and accept the obligations of my p	vice of process for the above stated corporation at the plantment as registered agent and agree to act in this capacity relative to the proper and complete performance of my dissistion as registered agent.
	C T Corporation System	
i	walen Start	Emens Stout, Asst. Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

FL019 - 09/20/2006 C T Filing Missayer Online

(Registered agent's signature)

A. DIRECTORS
Chairman: SEE ATTACHMENT
Address:
Vice Chairman:
Address:
Director:
Address:
Director:
Address:
B. OFFICERS
President: SRE ATTACHMENT
Address:
Vice President:
Address:
Secretary:
Secretary:
Address:
Тгоевштет.
Address;
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Kathley Mr. Cerus
(Signature of Director or Officer fisted in number 12 of the application)
14. Karhleen M. Cerny, Asst. Scenetary
(Typed or printed name and capacity of person signing application)

PARIS - ONCOVALOR C'T PHING SEARCHT CHINE

Progressive Alliances Insurance Agency, Inc. Directors and Officers

James J. Lloyd Director & President 5920 Landerbrook Drive Mayfield Heights, Ohio 44124

David J. Skove
Director & Vice President
200 Westgate Parkway, Suite 300
Richmond, Virginia 23233

Gregory I. Trapp Director 3870 Lindbergh Boulevard, Suite 100 St. Louis, Missouri 63127

Dane A. Shrallow Secretary 6300 Wilson Mills Road Mayfield Village, Ohio 44143

Terence W. Fibbi Treasurer 300 North Commons Boulevard Mayfield Village, Ohio 44143

Kathleen M. Cerny Assistant Secretary 6300 Wilson Mills Road Mayfield Village, Ohio 44143

Jeffrey W. Basch Vice President 6300 Wilson Mills Road Mayfield Village, Ohio 44143

Brian C. Domeck Vice President 6300 Wilson Mills Road Mayfield Village, Ohio 44143

James L. Kusmer Vice President 6300 Wilson Mills Road Mayfield Village, Ohio 44143



I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

# CERTIFICATE OF EXISTENCE/AUTHORIZATION OF

#### PROGRESSIVE ALLIANCES INSURANCE AGENCY, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 1/26/1996.

I FURTHER CERTIFY that as of the date of this certificate, PROGRESSIVE ALLIANCES INSURANCE AGENCY, INC. remains active and has complied with the filing requirements of this office.

Date: August 3, 2007

UBI: 601-685-931

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sum Reed, Secretary of State

