

F10000004044

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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1203 Governors Square Blvd.  
Tallahassee, FL 32301-2960

850 222 1092 tel  
850 878 5368 fax  
www.ctlegalsolutions.com

September 9, 2010

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

*\* Please, provide (3) three certified copies.*

Re: Order #: 7925366 SO  
Customer Reference 1: .....  
Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Progressive Bayside Insurance Company (FL)  
Misc - Domestic Corporate Filing  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Freddy Morales  
Corporate Operations Mgr.  
freddy.morales@wolterskluwer.com

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CT Corporation

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Tallahassee, FL 32301-2960

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freddy.morales@wolterskluwer.com

**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. Progressive Bayside Insurance Company

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Ohio 3. 31-1193845

(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. March 27, 1986 5. Perpetual

(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Please see Attachment A

(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 6300 Wilson Mills Road, Mayfield Village, Ohio 44143

(Principal office address)

6300 Wilson Mills Road, Mayfield Village, Ohio 44143

(Current mailing address)

8. Insurance Company

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Chief Financial Officer

Office Address: 200 East Gaines Street

Tallahassee, Florida 32399

(City)

(Zip code)

10. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

\_\_\_\_\_  
(Registered agent's signature)

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.

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

**A. DIRECTORS**

Chairman: Please see Attachment B

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS**

President: Please see Attachment C

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Kathleen M. Cerny  
(Signature of Director or Officer listed in number 12 of the application)

14. Kathleen M. Cerny, Assistant Secretary  
(Typed or printed name and capacity of person signing application)

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ALLAHABSEE, FL 11010

**ATTACHMENT A**  
(to Question 6)

Progressive Bayside Insurance Company had been incorporated in the State of Florida on March 27, 1986 for the purpose of transacting property and casualty insurance. Per prior approval of the Florida Department of Insurance, on August 30, 2010, the Company had redomesticated from the State of Florida to the State of Ohio. Therefore, pursuant to instructions received from the Florida Department of State, the Company had been dissolved as a Florida domestic company and is hereby requesting qualification as a foreign corporation in Florida.

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TALLAHASSEE, FLORIDA

**ATTACHMENT B**  
**(to Question 12A)**

**Director:** Karen M. Barone  
**Address:** 300 North Commons Boulevard, Mayfield Village, Ohio 44143

**Director:** Kathryn M. Lemieux  
**Address:** 300 North Commons Boulevard, Mayfield Village, Ohio 44143

**Director:** Daniel P. Mascaro  
**Address:** 300 North Commons Boulevard, Mayfield Village, Ohio 44143

**Director:** David L. Pratt  
**Address:** 300 North Commons Boulevard, Mayfield Village, Ohio 44143

**Director:** Thomas H. Hollyer  
**Address:** 300 North Commons Boulevard, Mayfield Village, Ohio 44143

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TALLAHASSEE, FLORIDA

**ATTACHMENT C**  
**(to Question 12B)**

**President:** Karen M. Barone  
**Address:** 300 North Commons Blvd., Mayfield Village, Ohio 44143

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

**Treasurer:** Thomas A. King  
**Address:** 6300 Wilson Mills Road, Mayfield Village, Ohio 44143

**Vice President:** Mary B. Andreano  
**Address:** 6300 Wilson Mills Road, Mayfield Village, Ohio 44143

**Asst. Secretary:** Kathleen M. Cerny  
**Address:** 6300 Wilson Mills Road, Mayfield Village, Ohio 44143

**Asst. Vice President:** Ronald M. Wells  
**Address:** 6300 Wilson Mills Road, Mayfield Village, Ohio 44143

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# SERVICE OF PROCESS CONSENT & AGREEMENT

(Please type or print all information clearly)

☒ Original Designation    ☐ Insurer Name Change    ☐ Merger / Acquisition    ☐ Update Delivery Information

Insurer or Company Name: Progressive Bayside Insurance Company

Previous Name (If applicable): \_\_\_\_\_

Home Office Address: 6300 Wilson Mills Road

City, State, Zip Mayfield Village, OH 44143

31-1193845

FEI #

02902

FL Company Code

440-461-5000

Telephone #

Know all men by these present, that the insurer or other entity named above is subject to the statutory agent for service of process provisions of the Florida Insurance Code duly organized and existing under and by virtue of the laws of the state of domicile.

Said entity does hereby agree and consent that actions may be commenced against it in any court having jurisdiction in any county in the State of Florida, in which a cause of action may arise, or in which the plaintiff may reside, by the service of process upon the Chief Financial Officer of the State of Florida. Said entity also hereby stipulates and agrees that any and all process so served shall be taken and held in all Courts to be as valid and binding upon this insurer or other entity as if personal service had been made upon the President or Secretary, or any other duly authorized and accredited officer thereof.

The undersigned hereby further agrees and stipulates that this agreement is and shall remain irrevocable, so long as there is liability, under any policy, claim or cause of action within this state, either fixed or contingent. Said insurer or other entity does hereby designate the following as the name and address of the person to whom all process is to be forwarded when process is served upon said Chief Financial Officer of the State of Florida on behalf of the above named insurer or entity. In the event of a change in the name of the insurer or the designation of the person to whom process is to be forwarded, whether it be name, address, and/or phone or fax numbers, the insurer or company shall immediately file a new agreement form with the Chief Financial Officer of the State of Florida at the address shown at the bottom of this page.

Designated Person  
to receive process:

CFO, Florida Division of  
Insurance

E-Mail Address: floir.com

Phone#: 850-413-3140 Fax# \_\_\_\_\_

Mailing Address:

200 East Gaines Street  
Tallahassee, FL 32399

Street Address: 200 East Gaines Street  
Tallahassee, FL 32399

Signature:

I hereby consent and agree to be the person to whom process served upon the Chief Financial Officer of the State of Florida for said entity, may be forwarded.

In Witness Whereof, we, the President or Chief Executive Officer and Secretary of said insurer or other entity, being duly authorized by the Board of Directors or governing body of this entity to execute this document, have hereunto set our hands and affixed the seal of said insurer or other entity on this the 2nd day of September, A.D. 2010.

Asst.

President or CEO's Signature

Karen M. Barone

President or CEO's Name (Typed or Printed)

Asst. Secretary's Signature

Kathleen M. Cerny

Asst. Secretary's Name (Typed or Printed)

Any signatures other than the President, CEO, or Secretary for the Company must be validated by the attachment of a resolution of the Board of Directors or Governing body of said company delegating the authority to sign for the company

SEAL

OIR-C1-144  
Rev 06/2004

**United States of America  
State of Ohio  
Office of the Secretary of State**

*I, Jennifer Brunner, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show **PROGRESSIVE BAYSIDE INSURANCE COMPANY**, an Ohio corporation, Charter No. 1959408, having its principal location in Mayfield Village, County of Cuyahoga, was incorporated on August 30, 2010 and is currently in **GOOD STANDING** upon the records of this office.*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Witness my hand and the seal of the  
Secretary of State at Columbus, Ohio  
this 7th day of September, A.D. 2010*

A handwritten signature in black ink, appearing to read "Jennifer Brunner".

Ohio Secretary of State