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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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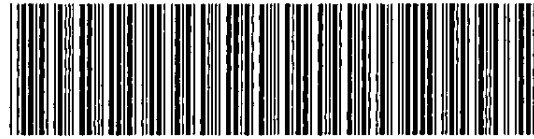
(Business Entity Name)

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DIVISION OF CORPORATIONS
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Givens SEP 10 2010



1203 Governors Square Blvd.
Tallahassee, FL 32301-2960

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

September 9, 2010

CT

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 American 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



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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. Progressive American 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. 34-1094197

(State or country under the law of which it is incorporated)

(FEI number, if applicable)

4. August 25, 1971

(Date of incorporation)

5. Perpetual

(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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SECRETARY OF STATE

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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SECRETARY OF STATE

ATTACHMENT A
(to Question 6)

Progressive American Insurance Company had been incorporated in the State of Florida on August 25, 1971 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: David J. Skove
Address: 200 Westgate Parkway, Suite 300, Richmond, Virginia 23233

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ATTACHMENT C
(to Question 12B)

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TALLAHASSEE, FLORIDA

**Chairman &
President:**
Address:

David J. Skove
200 Westgate Parkway, Ste 300, Richmond, Virginia 23233

Secretary:
Address:

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

Treasurer:
Address:

Thomas A. King
6300 Wilson Mills Road, Mayfield Village, Ohio 44143

Vice President:
Address:

Mary B. Andreano
6300 Wilson Mills Road, Mayfield Village, Ohio 44143

Vice President:
Address:

Karen M. Barone
300 North Commons Blvd., Mayfield Village, Ohio 44143

Vice President:
Address:

Sarah E. Frye
5910 Landerbrook Drive, Mayfield Heights, Ohio 44124

Asst. Secretary:
Address:

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

Asst. Vice President:
Address:

Kathleen L. Kuhlman
6300 Wilson Mills Road, Mayfield Village, Ohio 44143

Asst. Vice President:
Address:

Ronald M. Wells
6300 Wilson Mills Road, Mayfield Village, Ohio 44143

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 American Insurance Company

Previous Name (If applicable): _____

Home Office Address: 6300 Wilson Mills Road

City, State, Zip Mayfield Village, OH 44143

34-1094197

FEI #

09412

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.

Vice

Asst.

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.

Vice Karen M. Barone
President or CEO's Signature

Vice Karen M. Barone
President or CEO's Name (Typed or Printed)

Asst. Kathleen M. Cerny
Secretary's Signature

Asst. Kathleen M. Cerny
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 AMERICAN INSURANCE COMPANY, an Ohio corporation, Charter No. 1959405, 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.

FILED
2010 SEP -9 AM 9:51
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 cursive script, reading "Jennifer Brunner".

Ohio Secretary of State