

F92000000592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

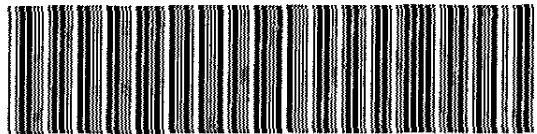
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SECRETARY OF STATE
TALLAHASSEE, FL 32301

6/22
aet/cha

TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Progressive Choice Insurance Company (formerly Specialty Risk Insurance Company)
(Name of corporation)

DOCUMENT NUMBER: _____

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Margaret Rose
(Name of person)

Progressive - Law Department
(Name of firm/company)

6300 Wilson Mills Road [Box N72A]
(Address)

Mayfield Village, Ohio 44143
(City/state and zip code)

For further information concerning this matter, please call:

Margaret Rose at (440) 395-3759
(Name of person) (Area code & daytime telephone number)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Business in Florida

Karen A. Kosuda
(Typed or printed name)



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
08/09/2004	200422201580	DOMESTIC/AMENDMENT TO ARTICLES (AMD)	50.00	100.00	.00	.00	100.00

Receipt

This is not a bill. Please do not remit payment.

C T CORPORATION SYSTEM
JAMES TANKS II
17 S HIGH ST
COLUMBUS, OH 43215

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, J. Kenneth Blackwell

1278564

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

PROGRESSIVE CHOICE INSURANCE COMPANY

and, that said business records show the filing and recording of:

Document(s)

DOMESTIC/AMENDMENT TO ARTICLES

Document No(s):

200422201580

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

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 9th day of August, A.D.
2004.

Ohio Secretary of State

Prescribed by **J. Kenneth Blackwell**Ohio Secretary of State
Central Ohio: (614) 466-3910

Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.state.oh.us/sose-mail: busserv@sos.state.oh.us

Expedite this Form: (Select One)

- ☒ Yes PO Box 1390
Columbus, OH 43216
*** Requires an additional fee of \$100 ***
- ☐ No PO Box 1028
Columbus, OH 43216

**Certificate of Amendment by
Shareholders or Members
(Domestic)
Filing Fee \$50.00**

(CHECK ONLY ONE (1) BOX)

- | | | | |
|--|---|--|--|
| (1) Domestic for Profit
<input type="checkbox"/> Amended
(122-AMAP) | <input checked="" type="checkbox"/> Amendment
(125-AMDS) | (2) Domestic Non-Profit
<input type="checkbox"/> Amended
(126-AMAN) | <input type="checkbox"/> Amendment
(128-AMDT) |
|--|---|--|--|

Complete the general information in this section for the box checked above.

Name of Corporation Specialty Risk Insurance CompanyCharter Number 1278564Name of Officer Michael R. UthTitle Secretary☐ Please check if additional provisions attached.

The above named Ohio corporation, does hereby certify that:

☐ A meeting of the ☐ shareholders ☐ directors (non-profit amended articles only)☐ members was duly called and held on _____

(Date)

at which meeting a quorum was present in person or by proxy, based upon the quorum present, an affirmative vote was cast which entitled them to exercise _____ % as the voting power of the corporation.

☒ In a writing signed by all of the ☒ shareholders ☐ directors (non-profit amended articles only)☐ members who would be entitled to the notice of a meeting or such other proportion not less than a majority as the articles of regulations or bylaws permit.

Clause applies if amended box is checked.

Resolved, that the following amended articles of incorporations be and the same are hereby adopted to supercede and take the place of the existing articles of incorporation and all amendments thereto.

All of the following information must be completed if an amended box is checked. If an amendment box is checked, complete the areas that apply.

FIRST: The name of the corporation is: Progressive Choice Insurance Company

SECOND: The place in the State of Ohio where its principal office is located is in the City of:

(city, village or township)

(county)

THIRD: The purposes of the corporation are as follows:

FOURTH: The number of shares which the corporation is authorized to have outstanding is:
(Does not apply to box (2))

REQUIRED

Must be authenticated
(signed) by an authorized
representative
(See Instructions)

[Signature]

Michael R. Uth
(Print Name)

8/5/04

(Print Name)

#1978964

UNITED STATES OF AMERICA,
STATE OF OHIO,
OFFICE OF THE SECRETARY OF STATE

I, J. Kenneth Blackwell, Secretary of State of the State of Ohio, do hereby certify that the foregoing is a true and correct copy, consisting of 5 pages, as taken from the original record now in my official custody as Secretary of State.



WITNESS my hand and official seal at
Columbus, Ohio, this 13th day of

June A.D. 2005
J. Kenneth Blackwell

J. KENNETH BLACKWELL
Secretary of State

By: Ed Blams

NOTICE: This is an official certification only when reproduced in red ink