


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90358 036 ***150.00

DOCUMENT # F92000000592 1. Entity Name PROGRESSIVE CHOICE INSURANCE COMPANY					
Principal Place of Business 6300 WILSON MILLS RD W-33 MAYFIELD VILLAGE, OH 44143-2182 US			Mailing Address 6300 WILSON MILLS ROAD W33 MAYFIELD VILLAGE, OH 44143 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 62-1444848	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DIRECTOR OF OFFICE OF INSURANCE REGULATION P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRUB-HEER, MICHELE A 1455 FRAZEE RD., STE. 200 SAN DIEGO, CA 92108	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Jeffrey W. Geroux 7301 Metro Center Dr. Austin, TX 78744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KOSUDA, KAREN A 300 N COMMONS BLVD MAYFIELD VILLAGE, OH 44143	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	6300 Wilson Mills Rd. Mayfield Village, OH 44143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP ZITNEY, JASON J 6085 PARKLAND BLVD CLEVELAND, OH 44124	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Michael R. Uth 6300 Wilson Mills Rd. Mayfield Village, OH 44143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ANDREANO, MARY B 6300 WILSON MILLS RD MAYFIELD VILLAGE, OH 44143	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARSHALL, MARIANN W 6300 WILSON MILLS ROAD MAYFIELD VILLAGE, OH 44143	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT COLEMAN, SCOTT E 6300 WILSON MILLS RD MAYFIELD VILLAGE, OH 44143	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Mariann W Marshall</u> Mariann Marshall 4124/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40073639

ATTACHMENT

PROGRESSIVE®

F92000000592

Issue Date: 04/12/2006

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Page: 1

Vendor Name: STATE OF FLORIDA

Inv. Date	Invoice Number	P.O. Number	Gross Amount	Disc Amount	Net Amount
03/31/2006	15000472006	0	150.00	0.00	150.00
	CO 47 2006 FOR PROFIT CORP ANNUAL REPORT				
	47 Progressive Choice Insurance Company				

Page Total	150.00	0.00	150.00
Grand Total	150.00	0.00	150.00

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