

P30227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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~~06/21/06 01045 007 **52.50~~

06/21/06--01045--007 **43.75

FILED
06 JUN 21 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NC
DRC
6/28

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Progressive Home Insurance Company
(Name of Corporation)

DOCUMENT NUMBER: P30227

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karen Kosuda

(Name of Contact Person)

Progressive

(Firm/Company)

6300 Wilson Mills Road (N72A)

(Address)

Mayfield Village, OH 44143

(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Kosuda

(Name of Contact Person)

at (440) 395-3697

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐

\$35.00 Filing Fee

☐

\$43.75 Filing Fee &
Certificate of Status

☒

\$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐

\$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is
enclosed)

Mailing Address:

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

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

P30227

(Document number of corporation (if known))

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Progressive Home Insurance Company

(Name of corporation as it appears on the records of the Department of State)

2. Ohio

(Incorporated under laws of)

3. July 6, 1990

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? May 19, 2006

5. Progressive Advanced Insurance Company

(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

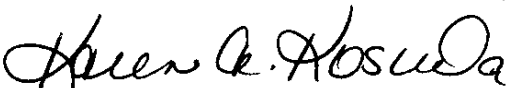
(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Karen A. Kosuda

(Typed or printed name of person signing)

Asst. Secretary

(Title of person signing)



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
05/22/2006	200614202264	DOMESTIC/AMENDMENT TO ARTICLES (AMD)	50.00	100.00	.00	.00	.00

Receipt

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

CT CORPORATION SYSTEM
ATTN: TIMOTHY ROBERSON
17 S. HIGH ST., SUITE 1100
COLUMBUS, OH 43215

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, J. Kenneth Blackwell

1278443

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

PROGRESSIVE ADVANCED INSURANCE COMPANY

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

Document(s)

DOMESTIC/AMENDMENT TO ARTICLES

Document No(s):

200614202264



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 19th day of May, A.D.
2006.

J. Kenneth Blackwell
Ohio Secretary of State



CT

a Wolters Kluwer business

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.usCT
17 South High Street
Columbus, OH 43215614 280 3338 tel
614 621 1906 fax
www.ctlegalsolutions.com**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**☐ Amended
(122-AMAP)☒ Amendment
(125-AMDS)**(2) Domestic Non-Profit**☐ Amended
(126-AMAN)☐ Amendment
(128-AMD)**Complete the general information in this section for the box checked above.**Name of Corporation Progressive Home Insurance CompanyCharter Number 1278443Name of Officer Karen A. KosudaTitle Assistant 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.



CT

a Wolters Kluwer business

CT
17 South High Street
Columbus, OH 43215

614 280 3338 tel
614 621 1906 fax
www.ctlegalsolutions.com

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 Advanced 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)

Karen A. Kosuda

Authorized Representative

Karen A. Kosuda

(Print Name)

4/24/06

Date

Authorized Representative

(Print Name)

Date