2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000060387

Entity Name: PROGRESSIVE SELECT INSURANCE COMPANY

FILED Apr 14, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:				
4030 CRESCENT PARK DR. BUILDING B RIVERVIEW, FL 33569			4030 CRESCENT PARK DRIVE BUILDING B RIVERVIEW, FL 33569 US				
Current Mailing Address:			New Mailing Address:				
W-33			4030 CRESCENT PARK DRIVE BUILDING B RIVERVIEW, FL 33569 US				
FEI Number:	59-3213815	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
P O BOX 62 200 E. GAIN TALLAHAS The above in the State	SEE, FL 32399 named entity su of Florida.	0) 90000 US	rpose o	f changing it	s registered of	fice or registered agent, or both,	
SIGNATURE: Electronic Signature of Registered Agent					 Date		
Election Cam		Trust Fund Contribution ().	-			Build	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	MARSHALL, MAR 6300 WILSON MI MAYFIELD VILLA	ILLS ROAD GE, OH 44143 Delete RY B ILLS RD.		Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	ZIEGLER, SCOT 4030 CRESCEN RIVERVIEW, FL TD (X) BRIGLIA, JEFFR	T PARK DRIVE, BUILDING B 44143 US Change () Addition REY E T PARK DRIVE, BUILDING B	
Title: Name: Address: City-St-Zip: Title:	ZIEGLER, SCOT 200 WESTGATE RICHMOND, VA S () E	PARKWAY- SUITE 300 23233 Delete		Title: Name: Address: City-St-Zip:	HAAS, JAMES R 4030 CRESCEN RIVERVIEW, FL S (X)	T PARK DRIVE, BUILDING B 44143 US Change () Addition	
Name: Address: City-St-Zip:	UTH, MICHAEL R 6300 WILSON MI MAYFIELD VILLA	ILLS RD		Name: Address: City-St-Zip:	UTH, MICHAEL F 4030 CRESCEN RIVERVIEW, FL	T PARK DRIVE, BUILDING B	
Title: Name: Address: City-St-Zip:	AT () E COLEMAN, SCO 6300 WILSON MI MAYFIELD VILLA	ILLS RD		Title: Name: Address: City-St-Zip:	COLEMAN, SCO	T PARK DRIVE, BUILDING B	
Title: Name: Address: City-St-Zip:	AS () E KOSUDA, KAREN 6300 WILSON MI MAYFIELD VILLA	LLS RD		Title: Name: Address: City-St-Zip:	KOSUDA, KARE	T PARK DRIVE, BUILDING B	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT W. ZIEGLER P 04/14/2007