

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

pg. 1 of 2

97 SEP 15 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000060394 (1)
1. Corporation Name
PROGRESSIVE CONSUMERS INSURANCE COMPANY

Principal Place of Business
3802 COCONUT PALM DRIVE
TAMPA FL 33619

Mailing Address
3802 COCONUT PALM DRIVE
TAMPA FL 33619

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/12/1994		3a. Date of Last Report 04/25/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-3213819		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent STATE TREASURER AND INSURANCE COMMISSIONER THE CAPITOL TALLAHASSEE FL 32399				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 700002297417-7			
				84 City 09/18/97-01/02-01/0 ****165.0FL****165.00			

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D LEWIS, PETER B 6300 WILSON MILLS RD MAYFIELD VILLAGE OH	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D LEWIS, DANIEL R 11440 N. KENDALL DR., SUITE 400 MIAMI FL	1.2 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	TO CHOKEL, CHARLES B 6300 WILSON MILLS RD. MAYFIELD VILLAGE OH	1.3 STREET ADDRESS	8881 NW 18th Terrace
CITY-ST-ZIP	DP MCMILLAN, ROBERT J 3802 COCONUT PALM DR. TAMPA FL	1.4 CITY-ST-ZIP	33172
TITLE	DS SCHNEIDER, DAVID M 6300 WILSON MILLS RD MAYFIELD VILLAGE OH	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DP MCMILLAN, ROBERT J 3802 COCONUT PALM DR. TAMPA FL	2.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	DS SCHNEIDER, DAVID M 6300 WILSON MILLS RD MAYFIELD VILLAGE OH	2.3 STREET ADDRESS	33619
CITY-ST-ZIP	DS SCHNEIDER, DAVID M 6300 WILSON MILLS RD MAYFIELD VILLAGE OH	2.4 CITY-ST-ZIP	44143
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	3.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	44143
CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	33619
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	4.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	44143
CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	33619
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	5.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	44143
CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	33619
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<input type="checkbox"/> DELETE	6.2 NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	44143
CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	33619

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____

CR2E034 (4/97)

pg. 2 of 2

PROGRESSIVE

6300 WILSON MILLS ROAD
MAYFIELD VILLAGE, OH 44143
<http://www.auto-insurance.com>
216 461-6000

September 9, 1997

Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: 1997 Profit Corporation Annual Report

Dear Sir/Madam:

Enclosed please find the 1997 annual reports along with the corresponding filing fee payments for the following Florida domiciled companies:

Progressive Consumers Insurance Company
Progressive Auto Pro Insurance Company
Progressive Express Insurance Company

Per my conversation with your Annual Report department on 9/4/97, I am enclosing the annual report filing fee of \$165.00 for each company. I am requesting that the late fee be waived considering we had not received the original filing notice that was mailed in February.

If you have any questions, please feel free to contact me at (216) 446-7245.

Sincerely,

Christine Curtis

Christine Curtis
Statutory Accountant

Enclosure