

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90316 041 ***150.00

DOCUMENT # P94000060394

1. Entity Name
PROGRESSIVE CONSUMERS INSURANCE COMPANY



Principal Place of Business
**4030 CRESCENT PARK DRIVE
 BUILDING B
 RIVERVIEW, FL 33569**

Mailing Address
**6300 WILSON MILLS RD.
 W-33
 MAYFIELD VILLAGE, OH 44143-2182 US**

50043059



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01272005 Chg-P CR2E034 (10/03)

City & State
 Zip Country

4. FEI Number
59-3213819

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**CHIEF FINANCIAL OFFICER
 200 EAST GAINES ST.
 TALLAHASSEE, FL 32399-0326**

7. Name and Address of New Registered Agent
 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE DVP	FORRESTER, W. THOMAS -IP	<input checked="" type="checkbox"/> Delete	TITLE PD	Karen L. Palmer	Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 6300 WILSON MILLS RD	MAYFIELD VILLAGE, OH 44143		STREET ADDRESS 747 Alpha Dr.	Highland Hts., OH 44143	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE VPAT	KUSMER, JAMES L	<input checked="" type="checkbox"/> Delete	TITLE S	Lynn U. Major	Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 6300 WILSON MILLS RD	MAYFIELD VILLAGE, OH 44143		STREET ADDRESS 6300 Wilson Mills Rd.	Mayfield Village, OH 44143	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE PB	WILLIAMS, ROBERT T JR	<input checked="" type="checkbox"/> Delete	TITLE T	Stephen D. Peterson	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS 625 ALPHA DR	HIGHLAND HTS., OH 44143		STREET ADDRESS 747 Alpha Dr.	Highland Hts., OH 44143	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE DVP	SHRALLOW, DANE A	<input checked="" type="checkbox"/> Delete	TITLE AS	Margaret A. Rose	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS 300 N. COMMONS BLVD.	MAYFIELD VILLAGE, OH 44143		STREET ADDRESS 6300 Wilson Mills Rd.	Mayfield Village, OH 44143	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE AS	CERNY, KATHLEEN M	<input checked="" type="checkbox"/> Delete	TITLE ATD	Jack J. Santo	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS 6300 WILSON MILLS RD	MAYFIELD VILLAGE, OH 44143		STREET ADDRESS 747 Alpha Dr.	Highland Hts., OH 44143	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE VPB	BASCH, JEFFERY W	<input checked="" type="checkbox"/> Delete	TITLE VP	Sandra L. Rihvalsky	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
STREET ADDRESS 6300 WILSON MILLS RD.	MAYFIELD VILLAGE, OH 44143		STREET ADDRESS 6300 Wilson Mills Rd.	Mayfield Village, OH 44143	
CITY-ST-ZIP			CITY-ST-ZIP		

12. I 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 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: Sandra L. Rihvalsky
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____