


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-22-2005 90316 040 ***150.00

DOCUMENT # P94000060430		
1. Entity Name PROGRESSIVE EXPRESS INSURANCE COMPANY		

Principal Place of Business 4030 CRESCENT PARK DRIVE BLDG B RIVERVIEW, FL 33569	Mailing Address 6300 WILSON MILLS ROAD W33 MAYFIELD VILLAGE, OH 44143
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50043060



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01272005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3213719		Applied For <input type="checkbox"/> Not Applicable
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	
CHIEF FINANCIAL OFFICER POBOX 6200 (32314-6200) 200 E. GAINES ST. TALLAHASSEE, FL 32399		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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D NAME KING, THOMAS A STREET ADDRESS 6300 WILSON MILLS RD. CITY-ST-ZIP MAYFIELD VILLAGE, OH 44143	<input checked="" type="checkbox"/> Delete	TITLE D NAME Kiara Berglund STREET ADDRESS 747 Alpha Dr. CITY-ST-ZIP Highland Hts., OH 44143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE AS NAME CERNY, KATHLEEN M STREET ADDRESS 300 N. COMMONS BLVD CITY-ST-ZIP MAYFIELD VILLAGE, OH 44143	<input checked="" type="checkbox"/> Delete	TITLE JS NAME Margaret A. Rose STREET ADDRESS 6300 Wilson Mills Rd. CITY-ST-ZIP Mayfield Village, OH 44143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPO NAME BASCH, JEFFREY W STREET ADDRESS 6300 WILSON MILLS RD. CITY-ST-ZIP MAYFIELD VILLAGE, OH 44143	<input checked="" type="checkbox"/> Delete	TITLE VR NAME Sandra L. Rihvalsky STREET ADDRESS 6300 Wilson Mills Rd. CITY-ST-ZIP Mayfield Village, OH 44143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE RD NAME WILLIAMS, ROBERT T JR. STREET ADDRESS 625 ALPHA DR. CITY-ST-ZIP HIGHLAND HEIGHTS, OH 44143	<input checked="" type="checkbox"/> Delete	TITLE PD NAME William R. Kampf STREET ADDRESS 747 Alpha Dr. CITY-ST-ZIP Highland Hts., OH 44143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SVP NAME SHRALLOW, DANE STREET ADDRESS 600 N. COMMONS BLVD. CITY-ST-ZIP MAYFIELD VILLAGE, OH 44143	<input checked="" type="checkbox"/> Delete	TITLE S NAME Lynn L. Major STREET ADDRESS 6300 Wilson Mills Rd. CITY-ST-ZIP Mayfield Village, OH 44143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE ATVP NAME KUSMER, JAMES STREET ADDRESS 6300 WILSON MILLS RD CITY-ST-ZIP MAYFIELD VILLAGE, OH 44143	<input checked="" type="checkbox"/> Delete	TITLE AT NAME Jack J. Santo STREET ADDRESS 747 Alpha Dr. CITY-ST-ZIP Highland Hts., OH 44143	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 # _____