## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000060430

Entity Name: PROGRESSIVE EXPRESS INSURANCE COMPANY

FILED Apr 13, 2007 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
4030 CRESCENT PARK DRIVE BLDG B RIVERVIEW, FL 33569			BUILDING	4030 CRESCENT PARK DRIVE BUILDING B RIVERVIEW, FL 33569 US		
Current Mailing Address:				New Mailing Address:		
6300 WILSON MILLS ROAD W33				4030 CRESCENT PARK DRIVE		
MAYFIELD VILLAGE, OH 44143			BUILDING	BUILDING B RIVERVIEW, FL 33569 US		
FEI Number:	59-3213719	FEI Number Applied For ( )	El Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name				Name and Address of New Registered Agent:		
CHIEF FINANCIAL OFFICER POBOX 6200 (32314-6200) 200 E. GAINES ST. TALLAHASSEE, FL 32399 US						
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.						
SIGNATURE:						
	Electroni	c Signature of Registered Agent			Date	
Election Campaign Financing Trust Fund Contribution ( ).						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title:	PALMER, KARE 747 ALPNA DRIV HIGHLAND HTS.	/E	Title: Name: Address: City-St-Zip: Title:	KAMPF, WILLIA 4030 CRESCEN RIVERVIEW, FL	T PARK DRIVE, BUILDING B	
Name: Address: City-St-Zip:	ROSE, MARGAF 6300 WILSON M MAYFIELD VILL	IILLS ROAD	Name: Address: City-St-Zip:	CORWIN, PATR 4030 CRESCEN RIVERVIEW, FL	T PARK DRIVE, BUILDING B	
Title: Name: Address: City-St-Zip:	VPD () RIHVALSKY, SA 6300 WILSON M MAYFIELD VILL	IILLS ROAD	Title: Name: Address: City-St-Zip:	PETERSON, ST	T PARK DRIVE, BUILDING B	
Title: Name: Address: City-St-Zip:	KAMPF, WILLÍA 747 ALPHA DR.	Delete M R SHTS, OH 44143	Title: Name: Address: City-St-Zip:	PALMER, KARÉ	T PARK DRIVE, BUILDING B	
Title: Name: Address: City-St-Zip:	MAJOR, LYNN L 6300 WILSON N		Title: Name: Address: City-St-Zip:	MILLER, MICHA	T PARK DRIVE, BUILDING B	
Title: Name: Address: City-St-Zip:	PETERSON, STI 747 ALPHA DRIV		Title: Name: Address: City-St-Zip:	ROSE, MARĜAF	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: WILLIAM R. KAMPF P 04/13/2007