

1.) CORPORATION NAME: <b>Progressive Employer Insurance Agency, Inc.</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM          4701 COX ROAD, SUITE 285          GLEN ALLEN, VA</b> 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b> 4.) STATE OR COUNTRY OF INCORPORATION: <b>MI</b>	DUE DATE: <b>12/31/2013</b> SCC ID NO: <b>F1844879</b> 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 6407 PARKLAND DRIVE CITY/ST/ZIP: SARASOTA, FL 34243
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: JOHN MCALLISTER TITLE: PRESIDENT ADDRESS: 1715 E 9TH AVE CITY/ST/ZIP/CO: TAMPA, FL 33605	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DAVID HARTING TITLE: VICE PRESIDENT ADDRESS: 6407 PARKLAND DRIVE CITY/ST/ZIP/CO: SARASOTA, FL 34243	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: ROBERT R FLORKA TITLE: SEC/TREAS/DIR ADDRESS: 10327 GRAND RIVER ROAD SUITE 407 CITY/ST/ZIP/CO: BRIGHTON, MI 48116	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ ROBERT R FLORKA	ROBERT R FLORKA, SEC/TREAS/DIR	2/13/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.