



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2020

**1. ID No.** 000872432

**2. Exact Name of the Limited Liability Company** PROGRESSIVE MEDICAL, LLC

**3. State of Formation**

State: OH

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621610

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

PHARMACY BENEFITS MANAGER AND PROVIDER OF ANCILLARY HEALTH CARE SERVICES FOR WORKERS' COMPENSATION AND AUTO NO-FAULT CLAIMS.

**5. Principal Office Address**

No. and Street: 250 PROGRESSIVE WAY  
City or Town: WESTERVILLE State: OH Zip: 43082 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:  
No. and Street: 250 PROGRESSIVE WAY  
City or Town: WESTERVILLE State: OH Zip: 43082 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	JEFFREY DAVID GROSKLAGS	11020 OPTUM CIRCLE, MN102-0800 EDEN PRAIRIE, MN 55344 USA

MANAGER	DAVID WAYNE YOUNG	7105 MOORES LANE BRENTWOOD, TN 37027 USA
MANAGER	PETER MARSHALL GILL	9900 BREN ROAD EAST MINNETONKA, MN 55343 USA
MANAGER	KAREN ELIZABETH PETERSON	1600 MCCONNOR PARKWAY SCHAUMBURG, IL 60173 USA
MANAGER	JOHN WILLIAM BENCIVENGA	175 KELSEY LANE TAMPA, FL 33619 USA
MANAGER	HEATHER ANASTASIA LANG	9900 BREN ROAD EAST MINNETONKA, MN 55343 USA
MANAGER	DAVID JOHN OBERG	2300 MAIN STREET IRVINE, CA 92614 USA
MANAGER	DAVID CROWN FARMER	6410 POPLAR AVE., SUITE 800 MEMPHIS, TN 38119 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 20 Day of October, 2020 at 5:25:11 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.***

By KELLY LETTMANN  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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