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**APPROVED
AND
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95 APR 26 PM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **818441** (8)
1. Corporation Name
PROGRESSIVE CASUALTY INSURANCE COMPANY

Principal Place of Business Mailing Address
**6300 WILSON MILLS ROAD
MAYFIELD VILLAGE OH 44143-2182** **6300 WILSON MILLS ROAD
MAYFIELD VILLAGE OH 44143-2182**

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
01/20/1965 **06/27/1994**

4. FEI Number Applied For
34-6513736 Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**INSURANCE COMMISSIONER
STATE OF FLORIDA
CAPITOL BUILDING
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD
NAME	LEWIS, DANIEL R
STREET ADDRESS	6300 WILSON MILLS RD
CITY-ST-ZIP	MAYFIELD VILLAGE OH
TITLE	PO
NAME	LEWIS, P.B.
STREET ADDRESS	6300 WILSON MILLS RD
CITY-ST-ZIP	MAYFIELD VILLAGE OH
TITLE	SD
NAME	SCHNEIDER, DAVID M.
STREET ADDRESS	6300 WILSON MILLS RD
CITY-ST-ZIP	MAYFIELD VILLAGE OH
TITLE	DAVP
NAME	CHOKEL, CHARLES B
STREET ADDRESS	6300 WILSON MILLS RD
CITY-ST-ZIP	MAYFIELD VILLAGE OH
TITLE	D
NAME	COMBS, G EDWARD
STREET ADDRESS	6300 WILSON MILLS RD
CITY-ST-ZIP	MAYFIELD VILLAGE OH
TITLE	DV
NAME	MARLOW, BRUCE W.
STREET ADDRESS	6300 WILSON MILLS RD
CITY-ST-ZIP	MAYFIELD VILLAGE OH

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Chokel CHARLES B	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	See below	
2.1 TITLE	PAC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, with an attachment with an address.

SIGNATURE: *DMSchneider* DATE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR