

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Apr 25 1996 8:00 am
Secretary of State

DOCUMENT # **818441 (8)**

1. Corporation Name
PROGRESSIVE CASUALTY INSURANCE COMPANY



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

3. Date Incorporated or Qualified: **01/20/1965**
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc (27) City & State (28) Zip (29) Country (30)
4. FEI Number: **34-6513736** Applied For: 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, 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: _____ (NOTE: Registered Agent signature required when reinstating.) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOKEL, CHARLES B	1.2 NAME	
STREET ADDRESS	2813 BUTTERWING	1.3 STREET ADDRESS	6300 Wilson mills Rd
CITY-ST-ZIP	PEPPER PIKE OH	1.4 CITY-ST-ZIP	Mayfield Village, OH 44143
TITLE	PDC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, P.B.	2.2 NAME	
STREET ADDRESS	6300 WILSON MILLS RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAYFIELD VILLAGE OH	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, DAVID M.	3.2 NAME	
STREET ADDRESS	6300 WILSON MILLS RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MAYFIELD VILLAGE OH	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHOKEL, CHARLES B	4.2 NAME	
STREET ADDRESS	6300 WILSON MILLS RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MAYFIELD VILLAGE OH	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMBS, G EDWARD	5.2 NAME	
STREET ADDRESS	6300 WILSON MILLS RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MAYFIELD VILLAGE OH	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARLOW, BRUCE W.	6.2 NAME	
STREET ADDRESS	6300 WILSON MILLS RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	MAYFIELD VILLAGE OH	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 119.07(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, or on an attachment with an address.

SIGNATURE: *David M. Schneider* David M. Schneider 4/18/96 216-446-7870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)