

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 44143-2109
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/20/1965	3a. Date of Last Report 04/25/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 34-6513736	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 **FL**

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

TITLE	TD	<input type="checkbox"/> DELETE
NAME	CHOKEL, CHARLES B	
STREET ADDRESS	6300 WILSON MILLS RD	
CITY-STATE-ZIP	MAYFIELD VILLAGE OH	
TITLE	PDC	<input type="checkbox"/> DELETE
NAME	LEWIS, P.B.	
STREET ADDRESS	6300 WILSON MILLS RD	
CITY-STATE-ZIP	MAYFIELD VILLAGE OH	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, DAVID M.	
STREET ADDRESS	6300 WILSON MILLS RD	
CITY-STATE-ZIP	MAYFIELD VILLAGE OH	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COMBS, G EDWARD	
STREET ADDRESS	6300 WILSON MILLS RD	
CITY-STATE-ZIP	MAYFIELD VILLAGE OH	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<i>Asst. Treasurer / Asst. V.P.</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<i>Janet A. Dolohanty</i>	
1.3 STREET ADDRESS	<i>6300 Wilson Mills Rd.</i>	
1.4 CITY-STATE-ZIP	<i>Mayfield Village, Oh 44143</i>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Janet A. Dolohanty* 4/22/97 146/461-5000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)