

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

FILED
May 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 44143-2182
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6300 WILSON MILLS RD, W33 Suite, Apt. #, etc.		2a. Mailing Address 26 6300 WILSON MILLS RD, W33 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/20/1965	
22 City & State 23 MAYFIELD VILLAGE, OH		27 City & State 28 MAYFIELD VILLAGE, OH		4. FEI Number 34-6513736 Applied For <input type="checkbox"/> Not Applicable	
24 44143-2182 25 US		29 44143-2182 30 US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input 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 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 _____ (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-ST-ZIP	MAYFIELD VILLAGE OH	
TITLE	PDC	<input type="checkbox"/> DELETE
NAME	LEWIS, P.B.	
STREET ADDRESS	6300 WILSON MILLS RD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, DAVID M.	
STREET ADDRESS	6300 WILSON MILLS RD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COMBS, G EDWARD	
STREET ADDRESS	6300 WILSON MILLS RD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH	
TITLE	ATVP	<input type="checkbox"/> DELETE
NAME	DOLOHONTY, JANET A	
STREET ADDRESS	6300 WILSON MILLS RD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		44143-2182
2.1 TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LEWIS, PETER B.	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		44143-2182
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		44143-2182
4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CERNY, KATHLEEN M	
4.3 STREET ADDRESS	6300 WILSON MILLS RD	
4.4 CITY-ST-ZIP	MAYFIELD VILLAGE, OH	44143-2182
5.1 TITLE	ATVP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DOLOHANTY	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		44143-2182
6.1 TITLE	ATVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BASCH, JEFFREY W	
6.3 STREET ADDRESS	6300 WILSON MILLS RD	
6.4 CITY-ST-ZIP	MAYFIELD VILLAGE, OH	44143-2182

14. I 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, on an attachment with an address.

SIGNATURE _____

CF2E034 (10/97)