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Secretary of State

03-03-1999 90051 016 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 818441

1. Corporation Name
PROGRESSIVE CASUALTY INSURANCE COMPANY

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



DO NOT WRITE IN THIS SPACE

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
01/20/1965

4. FEI Number Applied For
34-6513736 Not Applicable

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

6. Election Campaign Financing **\$5.00** May Be Added to Fees

7. Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. 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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AVP	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHOKEL, CHARLES B	1.2 NAME	T D
STREET ADDRESS	6300 WILSON MILLS RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAYFIELD VILLAGE OH	1.4 CITY-ST-ZIP	44143-2182
TITLE	PDC	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEWIS, PETER 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	44143-2182
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" 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	44143-2182
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CERNY, KATHLEEN M	4.2 NAME	
STREET ADDRESS	6300 WILSON MILLS RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MAYFIELD VILLAGE OH	4.4 CITY-ST-ZIP	44143-2182
TITLE	ATVP	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOLOHANTY, JANET A	5.2 NAME	
STREET ADDRESS	6300 WILSON MILLS RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	MAYFIELD VILLAGE OH	5.4 CITY-ST-ZIP	44143-2182
TITLE	ATAV	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BASCH, JEFFREY 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	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, or on an attachment with an address with all other like empowered.

SIGNATURE: **JDX** *[Signature]* Date: **2/2/99** Daytime Phone # _____

CR2E034 (1/198)