

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90047 008 ***150.00

DOCUMENT # 818441

1. Entity Name

PROGRESSIVE CASUALTY INSURANCE COMPANY

Principal Place of Business

Mailing Address

WILSON MILLS ROAD
 VILLAGE OH 44143-2182

6300 WILSON MILLS ROAD
 MAYFIELD VILLAGE OH 44143-2109

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.
 W33

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **34-6513736**

Applied For

Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER
 STATE OF FLORIDA
 CAPITOL BUILDING
 TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: TD NAME: CHOKEL, CHARLES B STREET ADDRESS: 6300 WILSON MILLS RD CITY-ST-ZIP: MAYFIELD VILLAGE OH 44143-2182 <input type="checkbox"/> Delete	TITLE: AVPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: PDC NAME: LEWIS, PETER B STREET ADDRESS: 6300 WILSON MILLS RD CITY-ST-ZIP: MAYFIELD VILLAGE OH 44143-2182 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD NAME: SCHNEIDER, DAVID M. STREET ADDRESS: 6300 WILSON MILLS RD CITY-ST-ZIP: MAYFIELD VILLAGE OH 44143-2182 <input checked="" type="checkbox"/> Delete	TITLE: S NAME: SHALLOW, DANE A. STREET ADDRESS: 300 N. COMMONS BLVD CITY-ST-ZIP: MAYFIELD VILLAGE, OH 44143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: AS NAME: CERNY, KATHLEEN M STREET ADDRESS: 6300 WILSON MILLS RD CITY-ST-ZIP: MAYFIELD VILLAGE OH 44143-2182 <input type="checkbox"/> Delete	TITLE: 300 N. COMMONS BLVD STREET ADDRESS: MAYFIELD VILLAGE, OH 44143 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ATVP NAME: DOLOHANTY, JANET A STREET ADDRESS: 6300 WILSON MILLS RD CITY-ST-ZIP: MAYFIELD VILLAGE OH 44143-2182 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: ATAV NAME: BASCH, JEFFREY W STREET ADDRESS: 6300 WILSON MILLS RD CITY-ST-ZIP: MAYFIELD VILLAGE OH 44143-2182 <input type="checkbox"/> Delete	TITLE: AT VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00

Date

Daytime Phone #

CR2E034 (9/99)