

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90105 035 ***150.00

CR2E034 (10/00)

DOCUMENT # 818441

1. Entity Name

PROGRESSIVE CASUALTY INSURANCE COMPANY

Principal Place of Business

6300 WILSON MILLS ROAD
 MAYFIELD VILLAGE OH 44143-2182

Mailing Address

6300 WILSON MILLS ROAD
 W33
 MAYFIELD VILLAGE OH 44143-2182

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

6. Name and Address of Current Registered Agent

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

OK

7. Name and Address of New Registered Agent

Name

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

City

NO CHANGE

FL

Zip

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, 2001 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

TITLE	AVP	<input type="checkbox"/> Delete
NAME	CHOKEL, CHARLES B	
STREET ADDRESS	6300 WILSON MILLS RD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143-2182	
TITLE	PDC	<input type="checkbox"/> Delete
NAME	LEWIS, PETER B	
STREET ADDRESS	6300 WILSON MILLS RD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143-2182	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHRALLOW, DANE A	
STREET ADDRESS	300 N COMMONS BLVD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143	
TITLE	AS	<input type="checkbox"/> Delete
NAME	CERNY, KATHLEEN M	
STREET ADDRESS	300 N COMMONS BLVD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143	
TITLE	ATVP	<input type="checkbox"/> Delete
NAME	DOLOHANTY, JANET A	
STREET ADDRESS	6300 WILSON MILLS RD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143-2182	
TITLE	ATVP	<input type="checkbox"/> Delete
NAME	BASCH, JEFFREY W	
STREET ADDRESS	6300 WILSON MILLS RD	
CITY-ST-ZIP	MAYFIELD VILLAGE OH 44143-2182	

TITLE	AVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOB EVANS	
STREET ADDRESS	747 Alpha Dr	
CITY-ST-ZIP	Highland Heights, OH 44143	
TITLE	PDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glenn M. Renwick	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #