2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #818441

and the second



FILED Apr 22, 2005 8:00 am Secretary of State

04-22-2005 90316 046 ***150.00

1. Entity Name PROGRESSIVE CASUALTY INSURANCE COMPANY										
Principal Place of Business 6300 WILSON MILLS ROAD W33		Mailing Address 6300 WILSON MILLS ROAD W33							0043	054
MAYFIELD VILLAGE, OH 44143-2182		MAYFIELD VILLAGE, OH 44143-2182				 			IN BUBU BUBU BUB	Ė iti in i at i
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		·	01272005	Chg-P	CR2E	34 (10/03)		
City & State		City & State			,	4. FEI Number 34-6513				oplied For ot Applicable
Zip	Country Zip Co		Countr	intry			f Status Desired		\$8.75 Add	ditional
	6. Name and Address of Current F	legistered Agent				7. Name and /	Address of New I	Registered .	Agent	
CHIEF FINANCIAL OFFICER				Name						
	3200 (32314-6200)		Street Ac	Street Address (P.O. Box Number is Not Acceptable)						
200 E. GAI	INES ST SSEE, FL 32399-0000		-							
INECKLIA	33EE, FE 32399-0000		-	City				FL	Zip Cod	6
 The above named entity submits this statement for the purpose of changing its registere the obligations of registered agent. 					register	ed agent, or both	, in the State of F		familiar with,	and accept
SIGNATURE										
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	9. Election Campa Trust Fund Cont	-	oing		.00 May Be ed to Fees				
10.	OFFICERS AND I	DIRECTORS	11.			ADDITIONS/C	HANGES TO OF	FICERS AND	DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP KASELONIS, TIMOTHY F 6300 WILSON MILLS RD MAYFIELD VILLAGE, OH 44143	☐ Defete		T ADDRESS ST-ZIP					☐ Change	☐ Addition
ture	-PD-	Delete	TITLE		PD	6 0)			Change	Addition
NAME STREET ADDRESS	RENWICK, GLENN-M -6300 WILSON MILLS RD		NAME STREE	T ADDRESS	200	a T.Skov Westga	te Pakki UN 2329	yay-	Suite #	300
CITY-ST-ZIP				ST-ZIP		mone,	VA 2320	<u> </u>		
TITLE NAME	S VP SHRALLOW, DANE A	☐ Delete	TITLE NAME	1	S				Change	☐ Addition
STREET ADDRESS	300 N COMMONS BLVD			T ADDRESS						
CITY-ST-ZIP	MAYFIELD VILLAGE, OH 44143		-1	ST-ZIP		··				
TITLE NAME	AS CERNY, KATHLEEN M	☐ Delete	TITLE NAME						Change	☐ Addition
STREET ADDRESS	300 N COMMONS BLVD			T ADDRESS						
CITY-ST-ZIP	MAYFIELD VILLAGE, OH 44143			ST-ZIP	4~~				h 76.	
TITLE NAME	AT¥P KUSMER, JAMES L	Delete	TITLE NAME		AT				Change	Addition
STREET ADDRESS	6300 WILSON MILLS RD			T ADDRESS						
CITY-ST-ZIP	MAYFIELD VILLAGE, OH 44143		CITY-:	ST-ZIP	177		······································		1.0	
TITLE NAME	ATVP BASCH, JEFFREY W	☐ Delete	TITLE		VΡ				Change	☐ Addition
STREET ADDRESS	6300 WILSON MILLS RD			T ADDRESS						
CITY-ST-ZIP	MAYFIELD VILLAGE, OH 44143		CITY-	ST-ZIP	_					
of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo , or on an attachment with an address, v	wered to execute this report	my signati ∕as requir	ure shall na	ave the s	same tegal ettect	as if made under	cath: that I	am an otticei	or director

4/13/03

Daytime Phone #

- Bas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: