

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 818441

FILED
Apr 02, 2010
Secretary of State

Entity Name: PROGRESSIVE CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

6300 WILSON MILLS ROAD
MAYFIELD VILLAGE, OH 44143

New Principal Place of Business:

Current Mailing Address:

6300 WILSON MILLS ROAD
MAYFIELD VILLAGE, OH 44143

New Mailing Address:

FEI Number: 34-6513736 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 323990000 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: TRES
Name: KING, THOMAS A
Address: 6300 WILSON MILLS ROAD
City-St-Zip: MAYFIELD VILLAGE, OH 44143

Title: PD
Name: SKOVE, DAVID J
Address: 6300 WILSON MILLS ROAD
City-St-Zip: MAYFIELD VILLAGE, OH 44143

Title: SEC
Name: SHRALLOW, DANE A
Address: 6300 WILSON MILLS ROAD
City-St-Zip: MAYFIELD VILLAGE, OH 44143

Title: DVP
Name: BARONE, KAREN M
Address: 6300 WILSON MILLS ROAD
City-St-Zip: MAYFIELD VILLAGE, OH 44143

Title: DIR
Name: HOLLYER, THOMAS H
Address: 6300 WILSON MILLS ROAD
City-St-Zip: MAYFIELD VILLAGE, OH 44143

Title: DVP
Name: PRATT, DAVID L
Address: 6300 WILSON MILLS ROAD
City-St-Zip: MAYFIELD VILLAGE, OH 44143

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANNE MEYER

_____ Electronic Signature of Signing Officer or Director

POA

04/02/2010

_____ Date