

818441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

For *Agjokant*
JUL 29 2013

R. WHITE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Progressive Casualty Insurance Company
Name of Corporation

DOCUMENT NUMBER: 818441

The enclosed *Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s)* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAUL LAMISON
Name of Contact Person

PROGRESSIVE CASUALTY INSURANCE CO.
Firm/Company

5920 LANDERBROOK DR.
Address

MAYFIELD HTS, OHIO 44124
City/State and Zip Code

PAUL.LAMISON@PROGRESSIVE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL LAMISON at (440) 603-2500
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for the following amount:

- \$35.00 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



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TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S)
AND/OR DIRECTOR(S)**

(Note: Applicable only during the first calendar year of qualification)

- The name of the foreign corporation as it appears on the records of the Florida Department of State is:
Progressive Casualty Insurance Company
- This entity was authorized to transact business in Florida on 1/20/65 and its Florida document number is 818441
- This corporation was formed under the laws of Ohio
- The name and address of each officer and/or director is as follows:

<u>Title:</u>	<u>Name and Address</u>
<u>Director, Resolution & Recovery</u>	<u>PAUL LAMISON</u>
	<u>5920 LANDERBROOK DR.</u>
	<u>MAYFIELD HTS, OH 44124</u>

(Attach additional pages if necessary)

Kathleen M. Cerny
Signature of an officer or director

KATHLEEN M. CERNY
Typed or printed name of person signing

Assistant Secretary
Title of person signing

FILING FEE \$35

Make checks payable to Florida Department of State and Mail to:
Division of Corporations • PO Box 6327 • Tallahassee, FL 32314