

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90207 039 \*\*\*150.00

**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  
**6300 Wilson Mills Rd.**

Suite, Apt. #, etc.  
**W 33**

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Mayfield Village OH**

City & State

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  
200 EAST GAINES STREET  
LARSON BUILDING  
TALLAHASSEE FL 32399**

7. Name and Address of New Registered Agent  
City **FL**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reissuing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AVP<br/>KASELONIS, TIMOTHY F<br/>6300 WILSON MILLS RD<br/>MAYFIELD VILLAGE OH 44143</b> <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PDC<br/>RENWICK, GLENN M<br/>6300 WILSON MILLS RD<br/>MAYFIELD VILLAGE OH 44143-2182</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>SHRALLOW, DANE A<br/>300 N COMMONS BLVD<br/>MAYFIELD VILLAGE OH 44143</b> <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>SVP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AS<br/>CERNY, KATHLEEN M<br/>300 N COMMONS BLVD<br/>MAYFIELD VILLAGE OH 44143</b> <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ATVP<br/>KUSNER, JAMES L<br/>6300 WILSON MILLS RD<br/>MAYFIELD VILLAGE OH 44143-2182</b> <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Kusner, James L.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ATVP<br/>BASCH, JEFFREY W<br/>6300 WILSON MILLS RD<br/>MAYFIELD VILLAGE OH 44143-2182</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                    |

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other lines empowered.

**SIGNATURE:** *Jeffrey W. Basch* **SIGNATURE REQUIRED** **Jeffrey W. Basch** **3-17-03** **440-461-5600**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (10/02)