

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 818441

Entity Name: PROGRESSIVE CASUALTY INSURANCE COMPANY

Current Principal Place of Business:

6300 WILSON MILLS ROAD
MAYFIELD VILLAGE, OH 44143

Current Mailing Address:

P.O. BOX 5070
ATTN: LAW DEPARTMENT
CLEVELAND, OH 44101 US

FEI Number: 34-6513736

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER
P O BOX 6200 (32314-6200)
200 E. GAINES ST
TALLAHASSEE, FL 32399-0000 US

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

Officer/Director Detail :

Title	ASST. SECRETARY
Name	CREWS, CHRISTINA L
Address	P.O. BOX 5070 ATTN: LAW DEPARTMENT
City-State-Zip:	CLEVELAND OH 44101
Title	DIRECTOR
Name	CRAWLEY, RICHARD R.
Address	6300 WILSON MILLS ROAD
City-State-Zip:	MAYFIELD VILLAGE OH 44143
Title	DIRECTOR
Name	LEMIEUX, KATHRYN M.
Address	6300 WILSON MILLS ROAD
City-State-Zip:	MAYFIELD VILLAGE OH 44143
Title	CHAIRMAN, VP, DIRECTOR
Name	PRATT, DAVID L.
Address	6300 WILSON MILLS ROAD
City-State-Zip:	MAYFIELD VILLAGE OH 44143

Title	DIRECTOR
Name	BAILO, KAREN B
Address	6300 WILSON MILLS ROAD
City-State-Zip:	MAYFIELD VILLAGE OH 44143
Title	DIRECTOR
Name	HOLLYER, THOMAS H.
Address	6300 WILSON MILLS ROAD
City-State-Zip:	MAYFIELD VILLAGE OH 44143
Title	DIRECTOR
Name	NIEHAUS , MARK D.
Address	6300 WILSON MILLS ROAD
City-State-Zip:	MAYFIELD VILLAGE OH 44143
Title	PRESIDENT, DIRECTOR
Name	SOUSER, GEOFFREY T
Address	6300 WILSON MILLS ROAD
City-State-Zip:	MAYFIELD VILLAGE OH 44143

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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: CHRISTINA L CREWS

ASST. SECRETARY

04/27/2017

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title TREASURER
Name BRENNAN, PATRICK S
Address 6300 WILSON MILLS ROAD
City-State-Zip: MAYFIELD VILLAGE OH 44143

Title SECRETARY
Name ALBERT, PETER J
Address 6300 WILSON MILLS ROAD
City-State-Zip: MAYFIELD VILLAGE OH 44143