

**2023 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	WILLIAMS, JAMES DAVID
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	CONOVER, CHARLES E
Address	6300 WILSON MILLS ROAD
City-State-Zip:	MAYFIELD VILLAGE OH 44143

Title	DIRECTOR
Name	DAY, HEATHER E
Address	6300 WILSON MILLS ROAD
City-State-Zip:	MAYFIELD VILLAGE OH 44143
Title	DIRECTOR
Name	CURTISS, JOHN A JR.
Address	6300 WILSON MILLS ROAD
City-State-Zip:	MAYFIELD VILLAGE OH 44143
Title	DIRECTOR
Name	VARMA, KANIK
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

**ASSISTANT SECRETARY** 04/28/2023

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