

**2015 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 CERNY, KATHLEEN M.  
Address 6300 WILSON MILLS ROAD  
City-State-Zip: MAYFIELD VILLAGE OH 44143

Title VP, DIRECTOR  
Name BAILO, KAREN B  
Address 6300 WILSON MILLS ROAD  
City-State-Zip: MAYFIELD VILLAGE OH 44143

Title DIRECTOR  
Name CRAWLEY, RICHARD R.  
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 LEMIEUX, KATHRYN M.  
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 CHAIRMAN, VP, DIRECTOR  
Name PRATT, DAVID L.  
Address 6300 WILSON MILLS ROAD  
City-State-Zip: MAYFIELD VILLAGE OH 44143

Title PRESIDENT, DIRECTOR  
Name SKOVE, DAVID J.  
Address 6300 WILSON MILLS ROAD  
City-State-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:** KATHLEEN M. CERNY

**ASSISTANT SECRETARY** 04/10/2015

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date