


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90382 010 \*\*\*150.00

<b>DOCUMENT # 818441</b>	
1. Entity Name <b>PROGRESSIVE CASUALTY INSURANCE COMPANY</b>	

Principal Place of Business <b>6300 WILSON MILLS ROAD W33 MAYFIELD VILLAGE, OH 44143-2182</b>	Mailing Address <b>6300 WILSON MILLS ROAD W33 MAYFIELD VILLAGE, OH 44143-2182</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
<b>CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000</b>	

**40074817**



04102006 Chg-P CR2E034 (11/05)

4. FEI Number <b>34-6513736</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
<b>FL</b>	

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP KASELONIS, TIMOTHY F 6300 WILSON MILLS RD MAYFIELD VILLAGE, OH 44143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SKOVE, DAVID J. 200 WESTGATE PARKWAY, SUITE 300 RICHMOND, VA 23233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHRALLOW, DANE A 300 N COMMONS BLVD MAYFIELD VILLAGE, OH 44143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6300 Wilson Mills Rd. Mayfield Village, OH 44143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CERNY, KATHLEEN M 300 N COMMONS BLVD MAYFIELD VILLAGE, OH 44143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6300 Wilson Mills Rd. Mayfield Village, OH 44143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT KUSMER, JAMES L 6300 WILSON MILLS RD MAYFIELD VILLAGE, OH 441432182 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BASCH, JEFFREY W 6300 WILSON MILLS RD MAYFIELD VILLAGE, OH 441432182 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemptions contained in Chapter 119, 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 like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

ATTACHMENT

40074817

**PROGRESSIVE®**

Issue Date: 04/12/2006

Draft Number: 601250268

#818441

Page: 1

Vendor Name: STATE OF FLORIDA

Inv. Date	Invoice Number	P.O. Number	Gross Amount	Disc Amount	Net Amount
03/31/2006	15000012006	0	150.00	0.00	150.00
	CO 01 2006 FOR PROFIT CORP ANNUAL REPORT				
	01 Progressive Casualty Insurance Company				

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Page Total	150.00	0.00	150.00
Grand Total	150.00	0.00	150.00

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