

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 818441

FILED  
Apr 03, 2012  
Secretary of State

**Entity Name:** PROGRESSIVE CASUALTY INSURANCE COMPANY

**Current Principal Place of Business:**

6300 WILSON MILLS ROAD  
MAYFIELD VILLAGE, OH 44143

**New Principal Place of Business:**

6300 WILSON MILLS ROAD  
MAYFIELD VILLAGE, OH 44143 US

**Current Mailing Address:**

6300 WILSON MILLS ROAD  
MAYFIELD VILLAGE, OH 44143

**New Mailing Address:**

6300 WILSON MILLS ROAD  
MAYFIELD VILLAGE, OH 44143 US

**FEI Number:** 34-6513736

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST  
TALLAHASSEE, FL 323990000 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: SKOVE, DAVID J PD  
Address: 6300 WILSON MILLS ROAD  
City-St-Zip: MAYFIELD VILLAGE, OH 44143 US

Title: SEC  
Name: SHRALLOW, DANE A SEC  
Address: 6300 WILSON MILLS ROAD  
City-St-Zip: MAYFIELD VILLAGE, OH 44143 US

Title: TREA  
Name: KING, THOMAS A TREA  
Address: 6300 WILSON MILLS ROAD  
City-St-Zip: MAYFIELD VILLAGE, OH 44143 US

Title: VP  
Name: WITALEC, DANIEL VP  
Address: 6300 WILSON MILLS ROAD  
City-St-Zip: MAYFIELD VILLAGE, OH 44143 US

Title: DIR  
Name: PRATT, DAVID L DIR  
Address: 6300 WILSON MILLS ROAD  
City-St-Zip: MAYFIELD VILLAGE, OH 44143 US

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: BRITNI WIGE

POA

04/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date