

818441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For *Officer*  
JUL 29 2013

R. WHITE

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Progressive Casualty Insurance Company  
Name of Corporation

DOCUMENT NUMBER: 818441

The enclosed *Affidavit by Foreign Corporation to Change/Add Officer(s) and/or Director(s)* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAUL LAMISON  
Name of Contact Person

PROGRESSIVE CASUALTY INSURANCE CO.  
Firm/Company

5920 LANDERBROOK DR.  
Address

MAYFIELD HTS, OHIO 44124  
City/State and Zip Code

PAUL.LAMISON@PROGRESSIVE.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PAUL LAMISON at ( 440 ) 603-2500  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> \$35.00 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee & Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed) |
|---|---|---|---|

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



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13 JUL 26 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S)  
AND/OR DIRECTOR(S)**

(Note: Applicable only during the first calendar year of qualification)

1. The name of the foreign corporation as it appears on the records of the Florida Department of State is:  
Progressive Casualty Insurance Company
2. This entity was authorized to transact business in Florida on 1/20/65 and its Florida document number is 818441
3. This corporation was formed under the laws of Ohio
4. The name and address of each officer and/or director is as follows:

<u>Title:</u>	<u>Name and Address</u>
<u>Director, Resolution</u>	<u>PAUL LAMISON</u>
<u>&amp; Recovery</u>	<u>5920 LANDERBROOK DR.</u>
	<u>MAYFIELD HTS, OH 44124</u>

(Attach additional pages if necessary)

Kathleen M. Cerny  
Signature of an officer or director

KATHLEEN M. CERNY  
Typed or printed name of person signing

Assistant Secretary  
Title of person signing

**FILING FEE \$35**

Make checks payable to Florida Department of State and Mail to:  
Division of Corporations • PO Box 6327 • Tallahassee, FL 32314