

1.) CORPORATION NAME: <b>PROGRESSIVE CASUALTY INSURANCE COMPANY</b> 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM          4701 COX ROAD, SUITE 285          GLEN ALLEN, VA</b>	DUE DATE: <b>3/31/2014</b>  SCC ID NO: <b>F0217671</b>  5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>					
4.) STATE OR COUNTRY OF INCORPORATION: <b>OH</b>					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6300 WILSON MILLS ROAD

CITY/ST/ZIP: MAYFIELD VILLAGE, OH 44143

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID J. SKOVE TITLE: PRESIDENT ADDRESS: 6300 WILSON MILLS ROAD CITY/ST/ZIP/CO: MAYFIELD VILLAGE, OH 44143		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID L. PRATT TITLE: VICE PRESIDENT ADDRESS: 6300 WILSON MILLS ROAD CITY/ST/ZIP/CO: MAYFIELD VILLAGE, OH 44143		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: THOMAS A. KING TITLE: TREASURER ADDRESS: 6300 WILSON MILLS ROAD CITY/ST/ZIP/CO: MAYFIELD VILLAGE, OH 44143		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KATHLEEN M. CERNY TITLE: ASST SECRETARY ADDRESS: 6300 WILSON MILLS ROAD CITY/ST/ZIP/CO: MAYFIELD VILLAGE, OH 44143		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DANE A. SHRALLOW TITLE: SECRETARY ADDRESS: 6300 WILSON MILLS ROAD CITY/ST/ZIP/CO: MAYFIELD VILLAGE, OH 44143		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ KATHLEEN M. CERNY	KATHLEEN M. CERNY, ASST SECRETARY	2/4/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.