
AMENDED FILING EXPLANATION

PROGRESSIVE MAX INSURANCE COMPANY

Amended Annual Statement Filing No. 1, dated February 28, 2014:

Progressive Max Insurance Company ("Company") identified an error in its December 31, 2013 annual statement on its Schedule P. The Company omitted part O - Reinsurance, this error required the Actuarial Opinion, Schedule P Part 1 Summary (page 33), Part 1-O (page 51), and part 4-O (page 70) to be amended.



ANNUAL STATEMENT

For the Year Ended December 31, 2013

of the Condition and Affairs of the

PROGRESSIVE MAX INSURANCE COMPANY

NAIC Group Code.....155, 155

NAIC Company Code..... 24279

Employer's ID Number..... 34-0472535

(Current Period) (Prior Period)

Organized under the Laws of OH

State of Domicile or Port of Entry OH

Country of Domicile US

Incorporated/Organized..... March 12, 1937

Commenced Business..... May 10, 1937

Statutory Home Office

6300 WILSON MILLS ROAD, W33..... CLEVELAND OH 44143-2182

(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office

6300 WILSON MILLS ROAD, W33..... CLEVELAND OH 44143-2182 440-461-5000

(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address

P.O. BOX 89490..... CLEVELAND OH 44101-6490

(Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records

6300 WILSON MILLS ROAD, W33..... CLEVELAND OH 44143-2182 440-395-4460

(Street and Number) (City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Web Site Address

PROGRESSIVE.COM

Statutory Statement Contact

MARY BETH ANDREANO

440-395-4460

(Name) (Area Code) (Telephone Number) (Extension)

FINANCIAL_REPORTING@PROGRESSIVE.COM

440-446-7168

(E-Mail Address) (Fax Number)

POLICYHOLDER SERVICES AND CLAIMS REPORTING -- 1-800-PROGRESSIVE (1-800-776-4737)

OFFICERS

Name	Title	Name	Title
SANJAY MAHESH VYAS	PRESIDENT	MICHAEL ROBERT UTH	SECRETARY
DANIEL JOSEPH WITALEC	TREASURER		

OTHER

PATRICK KEVIN CALLAHAN	(VICE PRESIDENT)	SCOTT EDWARD COLEMAN	(ASST. TREASURER)
JAMES RUSSELL HAAS	(VICE PRESIDENT)	KAREN ANN KOSUDA	(ASST. SECRETARY)
MARIANN WOJTKUN MARSHALL	(VICE PRESIDENT)		

DIRECTORS OR TRUSTEES

TOBY KRAMER ALFRED	JAMES RUSSELL HAAS	CAROLINE MAE KORAN	SANJAY MAHESH VYAS
DANIEL JOSEPH WITALEC			

State of..... OHIO
County of..... CUYAHOGA

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC *Annual Statement Instructions and Accounting Practices and Procedures* manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
SANJAY MAHESH VYAS	KAREN ANN KOSUDA	SCOTT EDWARD COLEMAN
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
PRESIDENT	ASSISTANT SECRETARY	ASSISTANT TREASURER
(Title)	(Title)	(Title)

Subscribed and sworn to before me

a. Is this an original filing?

Yes [X] No []

This 13TH day of FEBRUARY, 2014

b. If no

1. State the amendment number

2. Date filed

3. Number of pages attached

SCHEDULE P - PART 10 - REINSURANCE
NONPROPORTIONAL ASSUMED LIABILITY (\$000 omitted)

Years in Which Premiums Were Earned and Losses Were Incurred	Premiums Earned			Loss and Loss Expense Payments								12 Number of Claims Reported- Direct and Assumed
	1 Direct and Assumed	2 Ceded	3 Net (Cols. 1 - 2)	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10 Salvage and Subrogation Received	11 Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
				4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded			
1. Prior.....	XXX.....	XXX.....	XXX.....	296.....	296.....						0.....	XXX.....
2. 2004.....			0.....								0.....	XXX.....
3. 2005.....			0.....								0.....	XXX.....
4. 2006.....			0.....								0.....	XXX.....
5. 2007.....			0.....								0.....	XXX.....
6. 2008.....			0.....								0.....	XXX.....
7. 2009.....			0.....								0.....	XXX.....
8. 2010.....			0.....								0.....	XXX.....
9. 2011.....			0.....								0.....	XXX.....
10. 2012.....			0.....								0.....	XXX.....
11. 2013.....			0.....								0.....	XXX.....
12. Totals.....	XXX.....	XXX.....	XXX.....	296.....	296.....	0.....	0.....	0.....	0.....	0.....	0.....	XXX.....

	Losses Unpaid				Defense and Cost Containment Unpaid				Adjusting and Other Unpaid		23	24 Total Net Losses and Expenses Unpaid	25 Number of Claims Outstanding- Direct and Assumed
	Case Basis		Bulk + IBNR		Case Basis		Bulk + IBNR		21	22			
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded						Direct and Assumed	Ceded
1. Prior.....	1,136	.....	.....2,233	3,369	.....	.....	.....	.....	.....	.....	.....	.....0	XXX.....
2. 2004.....												0	XXX.....
3. 2005.....												0	XXX.....
4. 2006.....												0	XXX.....
5. 2007.....												0	XXX.....
6. 2008.....												0	XXX.....
7. 2009.....												0	XXX.....
8. 2010.....												0	XXX.....
9. 2011.....												0	XXX.....
10. 2012.....												0	XXX.....
11. 2013.....												0	XXX.....
12. Totals...	1,136	0	2,233	3,369	0	0	0	0	0	0	0	0	XXX.....

	Total Losses and Loss Expenses Incurred			Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nontabular Discount		34	Net Balance Sheet Reserves after Discount	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1. Prior..	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	.....	.....	.....XXX.....	0.....	0.....
2. 2004.	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	.....	.....	.....	.....0.....	0.....
3. 2005.	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	.....	.....	.....	.....0.....	0.....
4. 2006.	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	.....	.....	.....	.....0.....	0.....
5. 2007.	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	.....	.....	.....	.....0.....	0.....
6. 2008.	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	.....	.....	.....	.....0.....	0.....
7. 2009.	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	.....	.....	.....	.....0.....	0.....
8. 2010.	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	.....	.....	.....	.....0.....	0.....
9. 2011.	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	.....	.....	.....	.....0.....	0.....
10. 2012.	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	.....	.....	.....	.....0.....	0.....
11. 2013.	0.....	0.....	0.....	0.0.....	0.0.....	0.0.....	.....	.....	.....	.....0.....	0.....
12. Totals	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	0.....	0.....	XXX.....	0.....	0.....

SCHEDULE P - PART 4N - REINSURANCE

NONPROPORTIONAL ASSUMED PROPERTY

Years in Which Losses Were Incurred	Bulk and IBNR Reserves on Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)									
	1	2	3	4	5	6	7	8	9	10
	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
1. Prior.....										
2. 2004.....										
3. 2005.....	XXX									
4. 2006.....	XXX	XXX								
5. 2007.....	XXX	XXX	XXX							
6. 2008.....	XXX	XXX	XXX	XXX						
7. 2009.....	XXX	XXX	XXX	XXX	XXX					
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE

SCHEDULE P - PART 4O - REINSURANCE

NONPROPORTIONAL ASSUMED LIABILITY

1. Prior.....	1,025	652	20	(1,502)	(1,675)	(1,702)	(1,642)	(1,296)	(1,383)	(1,136)
2. 2004.....										
3. 2005.....	XXX									
4. 2006.....	XXX	XXX								
5. 2007.....	XXX	XXX	XXX							
6. 2008.....	XXX	XXX	XXX	XXX						
7. 2009.....	XXX	XXX	XXX	XXX	XXX					
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4P - REINSURANCE

NONPROPORTIONAL ASSUMED FINANCIAL LINES

1. Prior.....										
2. 2004.....										
3. 2005.....	XXX									
4. 2006.....	XXX	XXX								
5. 2007.....	XXX	XXX	XXX							
6. 2008.....	XXX	XXX	XXX	XXX						
7. 2009.....	XXX	XXX	XXX	XXX	XXX					
8. 2010.....	XXX	XXX	XXX	XXX	XXX	XXX				
9. 2011.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2012.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2013.....	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

NONE