



ANNUAL STATEMENT

For the Year Ended December 31, 2018

of the Condition and Affairs of the

PROGRESSIVE BAYSIDE INSURANCE COMPANY

NAIC Group Code.....155, 155	NAIC Company Code..... 17350	Employer's ID Number..... 31-1193845
(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 27, 1986	Commenced Business.... May 19, 1992	
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	440-603-5500
	(E-Mail Address)	(Fax Number)

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

OFFICERS

Name	Title	Name	Title
HEATHER ELIZABETH DAY #	PRESIDENT	PETER JAMES ALBERT	SECRETARY
PATRICK SEAN BRENNAN	TREASURER		

OTHER

MARY BETH ANDREANO	(VICE PRESIDENT)	CHRISTINA LYNN CREWS	(ASST. SECRETARY)
JAMES LEE KUSMER	(ASST. TREASURER)		

DIRECTORS OR TRUSTEES

CHARLES ERNEST CONOVER	RICHARD RUSSELL CRAWLEY	JOHN ALLEN CURTISS, JR. #	HEATHER ELIZABETH DAY #
KATHRYN MARGARET LEMIEUX			

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)
HEATHER ELIZABETH DAY #	CHRISTINA LYNN CREWS	PATRICK SEAN BRENNAN
1. (Printed Name)	2. (Printed Name)	3. (Printed Name)
PRESIDENT	ASSISTANT SECRETARY	TREASURER
(Title)	(Title)	(Title)

Subscribed and sworn to before me

This 13TH day of FEBRUARY, 2019

a. Is this an original filing?

Yes [X] No []

b. If no

1. State the amendment number

2. Date filed

3. Number of pages attached

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14)



NAIC Group Code.....155 NAIC Company Code....17 BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR

Line of business	Gross Premiums, including Policy and membership fees, Less Return Premiums and Premiums on Policies Not Taken		Dividends Paid or Credited to Policyholders on Direct business	Direct Unearned Premium Reserves	Direct Losses Paid (including Salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
	Direct Premiums Written	Direct Premiums Earned										
1. Fire.....	U	U	U	U	U	U	U	U	U	U	U	U
2.1 Allied lines.....	U	U	U	U	U	U	U	U	U	U	U	U
2.2 Multiple peril crop.....	U	U	U	U	U	U	U	U	U	U	U	U
2.3 Federal flood.....	U	U	U	U	U	U	U	U	U	U	U	U
2.4 Private crop.....	U	U	U	U	U	U	U	U	U	U	U	U
2.5 Private flood.....	U	U	U	U	U	U	U	U	U	U	U	U
3. Farmowners multiple peril.....	U	U	U	U	U	U	U	U	U	U	U	U
4. Homeowners multiple peril.....	U	U	U	U	U	U	U	U	U	U	U	U
5.1 Commercial multiple peril (non-liability portion).....	U	U	U	U	U	U	U	U	U	U	U	U
5.2 Commercial multiple peril (liability portion).....	U	U	U	U	U	U	U	U	U	U	U	U
6. Mortgage guaranty.....	U	U	U	U	U	U	U	U	U	U	U	U
8. Ocean marine.....	U	U	U	U	U	U	U	U	U	U	U	U
9. Inland marine.....	103,342	131,091	U	332,020	303,040	335,200	34,034	U	(123)	2,402	U	41,001
10. Financial guaranty.....	U	U	U	U	U	U	U	U	U	U	U	U
11. Medical professional liability.....	U	U	U	U	U	U	U	U	U	U	U	U
12. Earthquake.....	U	U	U	U	U	U	U	U	U	U	U	U
13. Group accident and health (G).....	U	U	U	U	U	U	U	U	U	U	U	U
14. Credit A & H (group and individual).....	U	U	U	U	U	U	U	U	U	U	U	U
15.1 Collectively renewable A&H (G).....	U	U	U	U	U	U	U	U	U	U	U	U
15.2 Non-cancelable A & H (G).....	U	U	U	U	U	U	U	U	U	U	U	U
15.3 Guaranteed renewable A & H (G).....	U	U	U	U	U	U	U	U	U	U	U	U
15.4 Non-renewable for stated reasons only (G).....	U	U	U	U	U	U	U	U	U	U	U	U
15.5 Other accident only.....	U	U	U	U	U	U	U	U	U	U	U	U
15.6 Medicare Title XVIII exempt from state taxes or fees.....	U	U	U	U	U	U	U	U	U	U	U	U
15.7 All other A & H (G).....	U	U	U	U	U	U	U	U	U	U	U	U
15.8 Federal employees health benefits plan premium.....	U	U	U	U	U	U	U	U	U	U	U	U
16. Workers compensation.....	U	U	U	U	U	U	U	U	U	U	U	U
17.1 Other liability-occurrence.....	325,301	340,834	U	150,313	134,360	141,218	35,031	2,401	1,141	9,123	21,334	11,300
17.2 Other liability-claims-made.....	U	U	U	U	U	U	U	U	U	U	U	U
17.3 Excess workers compensation.....	U	U	U	U	U	U	U	U	U	U	U	U
18. Products liability.....	U	U	U	U	U	U	U	U	U	U	U	U
19.1 Private passenger auto no-fault (personal injury protection).....	U	U	U	U	1,062	1,062	U	U	U	U	U	U
19.2 Other private passenger auto liability.....	4,200,889	4,331,242	U	1,233,013	3,045,310	3,482,084	2,100,113	110,134	113,835	244,111	414,110	229,311
19.3 Commercial auto no-fault (personal injury protection).....	U	U	U	U	U	U	U	U	U	U	U	U
19.4 Other commercial auto liability.....	U	U	U	U	U	U	U	U	U	U	U	U
21.1 Private passenger auto physical damage.....	3,130,140	3,013,200	U	1,231,200	1,311,331	1,320,030	(0,233)	3,031	0,403	10,441	413,130	203,321
21.2 Commercial auto physical damage.....	U	U	U	U	U	U	U	U	U	U	U	U
22. Aircraft (all perils).....	U	U	U	U	U	U	U	U	U	U	U	U
23. Fidelity.....	U	U	U	U	U	U	U	U	U	U	U	U
24. Surety.....	U	U	U	U	U	U	U	U	U	U	U	U
26. Burglary and theft.....	U	U	U	U	U	U	U	U	U	U	U	U
27. Boiler and machinery.....	U	U	U	U	U	U	U	U	U	U	U	U
28. Credit.....	U	U	U	U	U	U	U	U	U	U	U	U
30. Warranty.....	U	U	U	U	U	U	U	U	U	U	U	U
34. Aggregate write-ins for other lines of business.....	U	U	U	U	U	U	U	U	U	U	U	U
35. TOTALS (a).....	9,040,200	9,334,33										

Annual Statement for the year 2018 of the

PROGRESSIVE BAYSIDE INSURANCE COMPANY

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effected or (Canceled) during Current Year

1	2	3	4	5	6
ID Number	NAIC Company Code	Name of Company	Date of Contract	Original Premium	Reinsurance Premium

NONE

Annual Statement for the year 2018 of the

PROGRESSIVE BAYSIDE INSURANCE COMPANY

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

1	2	3	4	5	6	Reinsurance Recoverable on								16	Reinsurance Payable		19	20	
						7	8	9	10	11	12	13	14	15	17	18			
ID Number	NAIC Compan y Code	Name of Reinsurer	Domi- ciliary Juris- diction	Specia l Code	Reinsurance Premiums Ceded	Paid Losses	Paid LAE	Known Case Loss Reserves	Known Case LAE Reserves	IBNR Loss Reserves	IBNR LAE Reserves	Unearned Premiums	Contingent Commissions	Col. 7 through 14 Totals	Amount in Dispute Included in Column 15	Ceded Balances Payable	Other Amounts Due to Reinsurers	Net Amount Recoverable from Reinsurers (Cols. 15 - [17 + 18])	Funds Held by Company Under Reinsurance Treaties
Authorized Affiliates-U.S. Intercompany Pooling																			
34-6513736..	24260...	Progressive Casualty Insurance Company	OH....		9,046	44	7	2,317	420	451	52	3,029		6,320				6,320	
0199999.	Total Authorized Affiliates - U.S. Intercompany Pooling.....				9,046	44	7	2,317	420	451	52	3,029	0	6,320	0	0	0	6,320	0
0899999.	Total Authorized Affiliates.....				9,046	44	7	2,317	420	451	52	3,029	0	6,320	0	0	0	6,320	0
1499999.	Total Authorized Ex cluding Protected Cells.....				9,046	44	7	2,317	420	451	52	3,029	0	6,320	0	0	0	6,320	0
4399999.	Total Authorized, Unauthorized and Certified Ex cluding Protected Cells.....				9,046	44	7	2,317	420	451	52	3,029	0	6,320	0	0	0	6,320	0
9999999.	Totals (Sum of 4399999 and 4499999).....				9,046	44	7	2,317	420	451	52	3,029	0	6,320	0	0	0	6,320	0

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

(Credit Risk)

		Collateral				25	26	27	Ceded Reinsurance Credit Risk								
		21	22	23	24				28	29	30	31	32	33	34	35	36
ID Number from Col. 1	Name of Reinsurer from Col. 3	Multiple Beneficiary Trusts	Letters of Credit	Issuing or Confirming Bank Reference Number	Single Beneficiary Trusts & Other Allowable Collateral	Total Funds Held, Payables & Collateral	Net Recoverable Net of Funds Held & Collateral	Applicable Sch. F Penalty (Col. 78)	Total Amount Recoverable from Reinsurers Less Penalty (Cols. 15 - 27)	Stressed Recoverable (Col. 28 * 120%)	Reinsurance Payable & Funds Held (Cols. 17 + 18 + 20; Not in Excess of Col. 29)	Stressed Net Recoverable (Cols. 29 - 30)	Total				

SCHEDULE F - PART 3 (Continued)

Ceded Reinsurance as of December 31, Current Year (\$000 Omitted)

(Aging of Ceded Reinsurance)

ID Number from Col. 1	Name of Reinsurer from Col. 3	Reinsurance Recoverable on Paid Losses and Paid Loss Adjustment Expenses						44 Total Recoverable on Paid Losses & LAE Amounts in Dispute Included in Col. 43	45 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts in Dispute Included in Cols. 40 & 41	46 Total Recoverable on Paid Losses & LAE Amounts Not in Dispute (Cols. 43 - 44)	47 Recoverable on Paid Losses & LAE Over 90 Days Past Due Amounts Not in Dispute (Cols. 40 + 41 - 45)	48 Amounts Received Prior 90 Days	49 Percentage Overdue (Col. 42 / Col. 43)	50 Percentage of Amounts More Than 90 Days Overdue Not in Dispute (Col. 47 / [Cols. 46 + 48])	51 Percentage More Than 120 Days Overdue (Col. 41 / Col. 43)	52 Is the Amount in Col. 50 Less than 20% ?<
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Sch. F - Pt. 3
NONE

Sch. F - Pt. 3
NONE

Sch. F - Pt. 4 Issuing or Confirming Banks for Letters of Credit from Scfpt3
NONE

SCHEDULE F - PART 5

Interrogatories for Schedule F, Part 3 (000 Omitted)

A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000.

1 Name of Reinsurer	2 Commission Rate	3 Ceded Premium
1.		
2.		
3.		
4.		
5.		

B. Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on the total recoverables, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

1 Name of Reinsurer	2 Total Recoverables	3 Ceded Premiums	4 Affiliated YES or NO
6. Progressive Casualty Insurance Company.....	6,320	9,046	YES.....
7.			
8.			
9.			
10.....			

NOTE: Disclosure of the five largest provisional commission rates should exclude mandatory pools and joint underwriting associations.

PROGRESSIVE BAYSIDE INSURANCE COMPANY
SCHEDULE F - PART 6

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1 As Reported (Net of Ceded)	2 Restatement Adjustments	3 Restated (Gross of Ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12).....	171,476,522		171,476,522
2. Premiums and considerations (Line 15).....	2,808,447		2,808,447
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 16.1).....	51,537	(51,537)	0
4. Funds held by or deposited with reinsured companies (Line 16.2).....			0
5. Other assets.....	3,907,145		3,907,145
6. Net amount recoverable from reinsurers.....		6,320,537	6,320,537
7. Protected cell assets (Line 27).....			0
8. Totals (Line 28).....	178,243,651	6,269,000	184,512,651
LIABILITIES (Page 3)			
9. Losses and loss adjustment expenses (Lines 1 through 3).....	63,554,136	3,240,000	66,794,136
10. Taxes, expenses, and other obligations (Lines 4 through 8).....	9,843,719		9,843,719

Sch. H - Pt. 1
NONE

Sch. H - Pt. 2
NONE

Sch. H - Pt. 3
NONE

Sch. H - Pt. 4
NONE

Sch. H - Pt. 5
NONE

SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS

(\$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	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior.....	XXX.....	XXX.....	XXX.....	1.....						0.....	1.....	XXX.....
2. 2009.....	271.....	0.....	271.....	147.....		1.....		33.....		1.....		

SCHEDULE P - PART 1B - PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

(\$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	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior.....	XXX.....	XXX.....	XXX.....	218.....	202.....	18.....	1.....	14.....		7.....	46.....	XXX.....
2. 2009.....	45,924.....											

SCHEDULE P - PART 1C - COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

(\$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	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior.....	XXX.....	XXX.....	XXX.....	14.....	9.....	1.....	0.....	1.....		0.....	6.....	XXX.....
2. 2009.....	4,092.....	39.....	4,									

Sch. P - Pt. 1E
NONE

Sch. P - Pt. 1F - Sn. 1
NONE

SCHEDULE P - PART 1F - SECTION 2 - MEDICAL PROFESSIONAL LIABILITY - CLAIMS-MAI

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	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11		
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4	5	6	7	8	9	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....								0.....	XXX.....	

SCHEDULE P - PART 1G - SPECIAL LIABILITY
(OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

(\$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	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior.....	XXX.....	XXX.....	XXX.....								0.....	XXX.....
2. 2009.....			0.....								0.....	

SCHEDULE P - PART 1H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

(\$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	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11	
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)	
1. Prior.....	XXX.....	XXX.....	XXX.....	39.....		1.....				0.....	40.....	XXX.....
2. 2009.....	653.....	14.....	640.....	162.....	2.....							

SCHEDULE P - PART 1H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

(\$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	2	3	Loss Payments		Defense and Cost Containment Payments		Adjusting and Other Payments		10	11		
	Direct and Assumed	Ceded	Net (Cols. 1 - 2)	4	5	6	7	8	9	Salvage and Subrogation Received	Total Net Paid (Cols. 4 - 5 + 6 - 7 + 8 - 9)		
				Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded				
1. Prior.....	XXX.....	XXX.....	XXX.....	3</									

Annual Statement for the year 2018 of the

PROGRESSIVE BAYSIDE INSURANCE COMPANY

SCHEDULE P - PART 1I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE,
EARTHQUAKE, BURGLARY AND THEFT)

(\$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				

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

(\$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				

Sch. P - Pt. 1L
NONE

Sch. P - Pt. 1M
NONE

Sch. P - Pt. 1N
NONE

SCHEDULE P - PART 10 - REINSURANCE

NONPROPORTIONAL ASSUMED LIABILITY (\$000 omitted)

Years in Which Premiums Were Eamed 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 I 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.	35									

Sch. P - Pt. 1P
NONE

Sch. P - Pt. 1R - Sn. 1
NONE

Sch. P - Pt. 1R - Sn. 2
NONE

Sch. P - Pt. 1S
NONE

Sch. P - Pt. 1T
NONE

SCHEDULE P - PART 2I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										Development	
	1	2	3	4	5	6	7	8	9	10	11	12
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	One Year	Two Year
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	129.....	117.....	116.....	(1).....	(13).....
2. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,122.....	1,148.....	26.....	XXX.....
3. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,153.....	XXX.....	XXX.....
4. Totals												

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PROGRESSIVE BAYSIDE INSURANCE COMPANY

SCHEDULE P - PART 2N - REINSURANCE

NONPROPORTIONAL ASSUMED PROPERTY

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										Development	
	1	2	3	4	5	6	7	8	9	10	11	12
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	One Year	Two Year
1. Prior.....											0	0
2. 2009.....											0	0
3. 2010.....	XXX										0	0
4. 2011.....	XXX	XXX									0	0
5. 2012.....	XXX	XXX	XXX								0	0
6. 2013.....	XXX	XXX	XXX									

SCHEDULE P - PART 2R - SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE

Years in Which Losses Were Incurred	Incurred Net Losses and Defense and Cost Containment Expenses Reported at Year End (\$000 omitted)										Development	
	1	2	3	4	5	6	7	8	9	10	11	12
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	One Year	Two Year
1. Prior.....											0	0
2. 2009.....											0	0
3. 2010.....	XXX										0	0
4. 2011.....	XXX	XXX									0	0
5. 2012.....	XXX	XXX	XXX								0	0
6. 2013.....	XXX	XXX	XXX	XXX				</				

SCHEDULE P - PART 3I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

Years in Which Losses Were Incurred	Cumulative Paid Net Losses and Defense and Containment Expenses Reported at Year End (\$000 omitted)										11	12
	1	2	3	4	5	6	7	8	9	10	Number of Claims Closed With Loss Payment	Number of Claims Closed Without Loss Payment
1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	000.....	102.....	109.....	XXX.....	XXX.....
2. 2017.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	990.....	1,136.....	XXX.....	XXX.....
3. 2018.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	XXX.....	1,002.....	XXX.....	XXX.....

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

1. Prior.....	XXX.....	XXX.....	XXX.....	XXX.....</
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SCHEDULE P - PART 4I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

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
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	46	4	0
2. 2017.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	42	3
3. 2018.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....	49

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior.....

SCHEDULE P - PART 4R-SECTION 1 - PRODUCTS LIABILITY - OCCURRENCE

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
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
1. Prior.....										
2. 2009.....										
3. 2010.....	...XXX.....									
4. 2011.....	...XXX.....	...XXX.....								
5. 2012.....	...XXX.....	...XXX.....	...XXX.....							
6. 2013.....	...XXX.....	...XXX.....	...XXX.....	...XXX.....						
7. 2014.....	...XXX.....									

Sch. P - Pt. 5E - Sn. 1
NONE

Sch. P - Pt. 5E - Sn. 2
NONE

Sch. P - Pt. 5E - Sn. 3
NONE

Sch. P - Pt. 5F - Sn. 1A
NONE

Sch. P - Pt. 5F - Sn. 2A
NONE

Sch. P - Pt. 5F - Sn. 3A
NONE

Sch. P - Pt. 5F - Sn. 1B
NONE

Sch. P - Pt. 5F - Sn. 2B
NONE

Sch. P - Pt. 5F - Sn. 3B
NONE

Sch. P - Pt. 5R - Sn. 1A
NONE

Sch. P - Pt. 5R - Sn. 2A
NONE

Sch. P - Pt. 5R - Sn. 3A
NONE

Sch. P - Pt. 5R - Sn. 1B
NONE

Sch. P - Pt. 5R - Sn. 2B
NONE

Sch. P - Pt. 5R - Sn. 3B
NONE

Sch. P - Pt. 5T - Sn. 1
NONE

Sch. P - Pt. 5T - Sn. 2
NONE

Sch. P - Pt. 5T - Sn. 3
NONE

