

---

## AMENDED FILING EXPLANATION

---

Refilled Schedule Y part 2 due to a correction to the inter-company quota-share reinsurance agreements. Changes were made to columns 8, 9, and 13 for the below companies:

ARX Holdings Corp  
American Strategic Insurance Corp  
ASI Lloyds  
Progressive Property Insurance Company  
ASI Assurance Corp  
ASI Home Insurance Corp  
ASI Preferred Insurance Corp  
ASI Select Insurance Corp



# ANNUAL STATEMENT

For the Year Ended December 31, 2019  
of the Condition and Affairs of the

## PROGRESSIVE HAWAII INSURANCE CORP.

NAIC Group Code.....155, 155 (Current Period) (Prior Period)	NAIC Company Code..... 10067	Employer's ID Number..... 99-0311930
Organized under the Laws of OH	State of Domicile or Port of Entry OH	Country of Domicile US
Incorporated/Organized..... May 4, 1994	Commenced Business..... July 15, 1994	
Statutory Home Office	6300 WILSON MILLS ROAD, W33 .. CLEVELAND .. OH .. US .. 44143-2182 (Street and Number) (City or Town, State, Country and Zip Code)	440-461-5000 (Area Code) (Telephone Number)
Main Administrative Office	6300 WILSON MILLS ROAD, W33 .. CLEVELAND .. OH .. US .. 44143-2182 (Street and Number) (City or Town, State, Country and Zip Code)	440-395-4460 (Area Code) (Telephone Number)
Mail Address	P.O. BOX 89490 .. CLEVELAND .. OH .. US .. 44101-6490 (Street and Number or P. O. Box) (City or Town, State, Country and Zip Code)	440-395-4460 (Area Code) (Telephone Number)
Primary Location of Books and Records	6300 WILSON MILLS ROAD, W33 .. CLEVELAND .. OH .. US .. 44143-2182 (Street and Number) (City or Town, State, Country and Zip Code)	440-395-4460 (Area Code) (Telephone Number)
Internet Web Site Address	PROGRESSIVE.COM	440-395-4460 (Area Code) (Telephone Number)
Statutory Statement Contact	MARY BETH ANDREANO (Name) FINANCIAL_REPORTING@PROGRESSIVE.COM (E-Mail Address)	440-603-5500 (Fax Number)

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

### OFFICERS

Name GEOFFREY THOMAS SOUSER PATRICK SEAN BRENNAN	Title PRESIDENT TREASURER	Name PETER JAMES ALBERT	Title SECRETARY
--	---------------------------------	----------------------------	--------------------

### OTHER

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

### DIRECTORS OR TRUSTEES

CHARLES ERNEST CONOVER GEOFFREY THOMAS SOUSER	RICHARD RUSSELL CRAWLEY	KATHRYN MARGARET LEMIEUX	MARK DONALD NIEHAUS
--	-------------------------	--------------------------	---------------------

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) GEOFFREY THOMAS SOUSER	(Signature) CHRISTINA LYNN CREWS	(Signature) PATRICK SEAN BRENNAN
1. (Printed Name) PRESIDENT	2. (Printed Name) ASSISTANT SECRETARY	3. (Printed Name) TREASURER
(Title)	(Title)	(Title)

Subscribed and sworn to before me  
This 3RD day of APRIL, 2020

a. Is this an original filing?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
b. If no	1. State the amendment number
	2. Date filed
	3. Number of pages attached

1

APRIL 3, 2020

3