



QUARTERLY STATEMENT

As of March 31, 2021
of the Condition and Affairs of the

PROGRESSIVE SPECIALTY INSURANCE COMPANY

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|---|---|--|
| NAIC Group Code.....155, 155 (Current Period) (Prior Period) | NAIC Company Code..... 32786 | Employer's ID Number..... 34-1172685 |
| Organized under the Laws of OH | State of Domicile or Port of Entry OH | Country of Domicile US |
| Incorporated/Organized..... August 4, 1975 | Commenced Business..... May 26, 1976 | |
| Statutory Home Office | 6300 WILSON MILLS ROAD, W33 .. CLEVELAND .. OH .. US .. 44143-2182 (Street and Number) (City or Town, State, Country and Zip Code) | |
| Main Administrative Office | 6300 WILSON MILLS ROAD, W33 .. CLEVELAND .. OH .. US .. 44143-2182 (Street and Number) (City or Town, State, Country and Zip Code) | 440-461-5000 (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) | |
| 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 | |
| Statutory Statement Contact | MARY BETH ANDREANO (Name) FINANCIAL_REPORTING@PROGRESSIVE.COM (E-Mail Address) | 440-395-4460 (Area Code) (Telephone Number) 440-603-5500 (Fax Number) |

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

OFFICERS

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

OTHER

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

DIRECTORS OR TRUSTEES

| | | | |
|------------------------|-----------------------|--------------------------|---------------------|
| CHARLES ERNEST CONOVER | HEATHER ELIZABETH DAY | KATHRYN MARGARET LEMIEUX | MARK DONALD NIEHAUS |
| GEOFFREY THOMAS SOUSER | | | |

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) |
| GEOFFREY THOMAS SOUSER | 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 | a. Is this an original filing? | Yes [X] No [] |
| This 10TH day of MAY, 2021 | b. If no: | |
| | 1. State the amendment number | |
| | 2. Date filed | |
| | 3. Number of pages attached | |

DIANA M PISTONE
Notary Public, State of Ohio
My Comm. Exp. Jan. 16, 2026
Recorded in Cuyahoga County

