



QUARTERLY STATEMENT

As of June 30, 2021

of the Condition and Affairs of the

PROGRESSIVE COMMERCIAL CASUALTY COMPANY

|   |   |  |
|---|---|--|
| NAIC Group Code.....155, 155<br>(Current Period) (Prior Period) | NAIC Company Code..... 12879  | Employer's ID Number..... 20-4093467   |
| Organized under the Laws of OH                                  | State of Domicile or Port of Entry OH   | Country of Domicile US   |
| Incorporated/Organized..... July 14, 2006                       | Commenced Business.....   |  |
| Statutory Home Office   | 6300 WILSON MILLS ROAD, W33 .. CLEVELAND .. OH .. US .. 44143-2182<br>(Street and Number) (City or Town, State, Country and Zip Code) |  |
| Main Administrative Office                                      | 6300 WILSON MILLS ROAD, W33 .. CLEVELAND .. OH .. US .. 44143-2182<br>(Street and Number) (City or Town, State, Country and Zip Code) | 440-461-5000<br>(Area Code) (Telephone Number)                                 |
| Mail Address  | P.O. BOX 89490 .. CLEVELAND .. OH .. US .. 44101-6490<br>(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<br>(Street and Number) (City or Town, State, Country and Zip Code) | 440-395-4460<br>(Area Code) (Telephone Number)                                 |
| Internet Web Site Address                                       | PROGRESSIVE.COM   |  |
| Statutory Statement Contact                                     | MARY BETH ANDREANO<br>(Name)<br>FINANCIAL_REPORTING@PROGRESSIVE.COM<br>(E-Mail Address)   | 440-395-4460<br>(Area Code) (Telephone Number)<br>440-603-5500<br>(Fax Number) |

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

OFFICERS

| Name                 | Title     | Name                     | Title     |
|----------------------|-----------|--------------------------|-----------|
| KANIK (NMN) VARMA    | PRESIDENT | PATRICIA MITCHELL CORWIN | SECRETARY |
| PATRICK SEAN BRENNAN | TREASURER |                          |           |

OTHER

|                       |                   |                     |                  |
|-----------------------|-------------------|---------------------|------------------|
| HEATHER ELIZABETH DAY | (VICE PRESIDENT)  | KEVIN PETER MAHER # | (VICE PRESIDENT) |
| MARGARET ANN ROSE     | (ASST. SECRETARY) |                     |                  |

DIRECTORS OR TRUSTEES

|                      |                   |                      |                      |
|----------------------|-------------------|----------------------|----------------------|
| PATRICK SEAN BRENNAN | KEVIN PETER MAHER | VICTOR (NMN) POLITZI | MICHAEL DAVID SIEGER |
| KANIK (NMN) VARMA    |                   |                      |                      |

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)          |
| KANIK (NMN) VARMA | MARGARET ANN ROSE   | 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 AUGUST, 2021     | b. If no:                      |                  |
|                                   | 1. State the amendment number  |                  |
|                                   | 2. Date filed                  |                  |
|                                   | 3. Number of pages attached    |                  |

PROGRESSIVE COMMERCIAL CASUALTY COMPANY  
ASSETS

|   | Current Statement Date |                    |                                      | 4  |
|---|------------------------|--------------------|--------------------------------------|--|
|   | 1                      | 2                  | 3                                    |  |
|   | Assets                 | Nonadmitted Assets | Net Admitted Assets<br>(Cols. 1 - 2) | December 31<br>Prior Year Net<br>Admitted Assets |
| 1. Bonds.....   | 8,530,991              |                    | 8,530,991                            | 8,550,389  |
| 2. Stocks:  |                        |                    |                                      |  |
| 2.1 Preferred stocks.....   |                        |                    | 0                                    |  |
| 2.2 Common stocks.....  |                        |                    | 0                                    |  |
| 3. Mortgage loans on real estate:   |                        |                    |                                      |  |
| 3.1 First liens.....  |                        |                    | 0                                    |  |
| 3.2 Other than first liens.....   |                        |                    | 0                                    |  |
| 4. Real estate:   |                        |                    |                                      |  |
| 4.1 Properties occupied by the company (less \$.....0<br>encumbrances).....   |                        |                    | 0                                    |  |
| 4.2 Properties held for the production of income (less \$.....0<br>encumbrances).....   |                        |                    | 0                                    |  |
| 4.3 Properties held for sale (less \$.....0 encumbrances).....  |                        |                    | 0                                    |  |
| 5. Cash (\$.....0), cash equivalents (\$.....0)<br>and short-term investments (\$.....0).....   |                        |                    | 0                                    |  |
| 6. Contract loans (including \$.....0 premium notes).....   |                        |                    | 0                                    |  |
| 7. Derivatives.....   |                        |                    | 0                                    |  |
| 8. Other invested assets.....   |                        |                    | 0                                    |  |
| 9. Receivables for securities.....  |                        |                    | 0                                    |  |
| 10. Securities lending reinvested collateral assets.....  |                        |                    | 0                                    |  |
| 11. Aggregate write-ins for invested assets.....  | 0                      | 0                  | 0                                    | 0  |
| 12. Subtotals, cash and invested assets (Lines 1 to 11).....  | 8,530,991              | 0                  | 8,530,991                            | 8,550,389  |
| 13. Title plants less \$.....0 charged off (for Title insurers only).....   |                        |                    | 0                                    |  |
| 14. Investment income due and accrued.....  | 54,361                 |                    | 54,361                               | 54,620   |
| 15. Premiums and considerations:  |                        |                    |                                      |  |
| 15.1 Uncollected premiums and agents' balances in the course of collection.....   |                        |                    | 0                                    |  |
| 15.2 Deferred premiums, agents' balances and installments booked but deferred<br>and not yet due (including \$.....0 earned but unbilled premiums)..... |                        |                    | 0                                    |  |
| 15.3 Accrued retrospective premiums (\$.....0) and contracts subject to<br>redetermination (\$.....0).....  |                        |                    | 0                                    |  |
| 16. Reinsurance:  |                        |                    |                                      |  |
| 16.1 Amounts recoverable from reinsurers.....   |                        |                    | 0                                    |  |
| 16.2 Funds held by or deposited with reinsured companies.....   |                        |                    | 0                                    |  |
| 16.3 Other amounts receivable under reinsurance contracts.....  |                        |                    | 0                                    |  |
| 17. Amounts receivable relating to uninsured plans.....   |                        |                    | 0                                    |  |
| 18.1 Current federal and foreign income tax recoverable and interest thereon.....   |                        |                    | 0                                    |  |
| 18.2 Net deferred tax asset.....  | 6,222                  |                    | 6,222                                | 5,463  |
| 19. Guaranty funds receivable or on deposit.....  |                        |                    | 0                                    |  |
| 20. Electronic data processing equipment and software.....  |                        |                    | 0                                    |  |
| 21. Furniture and equipment, including health care delivery assets (\$.....0).....  |                        |                    | 0                                    |  |
| 22. Net adjustment in assets and liabilities due to foreign exchange rates.....   |                        |                    | 0                                    |  |
| 23. Receivables from parent, subsidiaries and affiliates.....   | 59,349                 |                    | 59,349                               |  |
| 24. Health care (\$.....0) and other amounts receivable.....  |                        |                    | 0                                    |  |
| 25. Aggregate write-ins for other than invested assets.....   | 0                      | 0                  | 0                                    | 0  |
| 26. Total assets excluding Separate Accounts, Segregated Accounts and Protected<br>Cell Accounts (Lines 12 through 25).....                             | 8,650,923              | 0                  | 8,650,923                            | 8,610,472  |
| 27. From Separate Accounts, Segregated Accounts and Protected Cell Accounts.....  |                        |                    | 0                                    |  |
| 28. Total (Lines 26 and 27).....  | 8,650,923              | 0                  | 8,650,923                            | 8,610,472  |

DETAILS OF WRITE-INS

|  |   |   |   |   |
|--|---|---|---|---|
| 1101. ....   |   |   | 0 |   |
| 1102. ....   |   |   | 0 |   |
| 1103. ....   |   |   | 0 |   |
| 1198. Summary of remaining write-ins for Line 11 from overflow page..... | 0 | 0 | 0 | 0 |
| 1199. Totals (Lines 1101 thru 1103 plus 1198) (Line 11 above).....       | 0 | 0 | 0 | 0 |
| 2501. ....   |   |   | 0 |   |
| 2502. ....   |   |   | 0 |   |
| 2503. ....   |   |   | 0 |   |
| 2598. Summary of remaining write-ins for Line 25 from overflow page..... | 0 | 0 | 0 | 0 |
| 2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....       | 0 | 0 | 0 | 0 |

PROGRESSIVE COMMERCIAL CASUALTY COMPANY  
LIABILITIES, SURPLUS AND OTHER FUNDS

|  | 1<br>Current<br>Statement Date | 2<br>December 31<br>Prior Year |
|--|--------------------------------|--------------------------------|
| 1. Losses (current accident year \$.....0).....  |                                |                                |
| 2. Reinsurance payable on paid losses and loss adjustment expenses.....  |                                |                                |
| 3. Loss adjustment expenses.....   |                                |                                |
| 4. Commissions payable, contingent commissions and other similar charges.....  |                                |                                |
| 5. Other expenses (excluding taxes, licenses and fees).....  | 2,222                          | 1,527                          |
| 6. Taxes, licenses and fees (excluding federal and foreign income taxes).....  | 34,967                         | 30,636                         |
| 7.1 Current federal and foreign income taxes (including \$.....(68) on realized capital gains (losses)).....   | 13,776                         | 7,451                          |
| 7.2 Net deferred tax liability.....  |                                |                                |
| 8. Borrowed money \$.....0 and interest thereon \$.....0.....  |                                |                                |
| 9. Unearned premiums (after deducting unearned premiums for ceded reinsurance of \$.....0 and including warranty reserves of \$.....0 and accrued accident and health experience rating refunds including \$.....0 for medical loss ratio rebate per the Public Health Service Act)..... |                                |                                |
| 10. Advance premium.....   |                                |                                |
| 11. Dividends declared and unpaid:   |                                |                                |
| 11.1 Stockholders.....   |                                |                                |
| 11.2 Policyholders.....  |                                |                                |
| 12. Ceded reinsurance premiums payable (net of ceding commissions).....  |                                |                                |
| 13. Funds held by company under reinsurance treaties.....  |                                |                                |
| 14. Amounts withheld or retained by company for account of others.....   |                                |                                |
| 15. Remittances and items not allocated.....   |                                |                                |
| 16. Provision for reinsurance (including \$.....0 certified).....  |                                |                                |
| 17. Net adjustments in assets and liabilities due to foreign exchange rates.....   |                                |                                |
| 18. Drafts outstanding.....  | 1,600                          | 1,003                          |
| 19. Payable to parent, subsidiaries and affiliates.....  |                                | 20,463                         |
| 20. Derivatives.....   |                                |                                |
| 21. Payable for securities.....  |                                |                                |
| 22. Payable for securities lending.....  |                                |                                |
| 23. Liability for amounts held under uninsured plans.....  |                                |                                |
| 24. Capital notes \$.....0 and interest thereon \$.....0.....  |                                |                                |
| 25. Aggregate write-ins for liabilities.....   | 0                              | 0                              |
| 26. Total liabilities excluding protected cell liabilities (Lines 1 through 25).....   | 52,565                         | 61,080                         |
| 27. Protected cell liabilities.....  |                                |                                |
| 28. Total liabilities (Lines 26 and 27).....   | 52,565                         | 61,080                         |
| 29. Aggregate write-ins for special surplus funds.....   | 0                              | 0                              |
| 30. Common capital stock.....  | 3,000,000                      | 3,000,000                      |
| 31. Preferred capital stock.....   |                                |                                |
| 32. Aggregate write-ins for other than special surplus funds.....  | 0                              | 0                              |
| 33. Surplus notes.....   |                                |                                |
| 34. Gross paid in and contributed surplus.....   | 4,200,000                      | 4,200,000                      |
| 35. Unassigned funds (surplus).....  | 1,398,358                      | 1,349,392                      |
| 36. Less treasury stock, at cost:  |                                |                                |
| 36.1 .....0.000 shares common (value included in Line 30 \$.....0).....  |                                |                                |
| 36.2 .....0.000 shares preferred (value included in Line 31 \$.....0).....   |                                |                                |
| 37. Surplus as regards policyholders (Lines 29 to 35, less 36).....  | 8,598,358                      | 8,549,392                      |
| 38. Totals (Page 2, Line 28, Col. 3).....  | 8,650,923                      | 8,610,472                      |

| DETAILS OF WRITE-INS   |   |   |
|--|---|---|
| 2501. ....   |   |   |
| 2502. ....   |   |   |
| 2503. ....   |   |   |
| 2598. Summary of remaining write-ins for Line 25 from overflow page..... | 0 | 0 |
| 2599. Totals (Lines 2501 thru 2503 plus 2598) (Line 25 above).....       | 0 | 0 |
| 2901. ....   |   |   |
| 2902. ....   |   |   |
| 2903. ....   |   |   |
| 2998. Summary of remaining write-ins for Line 29 from overflow page..... | 0 | 0 |
| 2999. Totals (Lines 2901 thru 2903 plus 2998) (Line 29 above).....       | 0 | 0 |
| 3201. ....   |   |   |
| 3202. ....   |   |   |
| 3203. ....   |   |   |
| 3298. Summary of remaining write-ins for Line 32 from overflow page..... | 0 | 0 |
| 3299. Totals (Lines 3201 thru 3203 plus 3298) (Line 32 above).....       | 0 | 0 |

PROGRESSIVE COMMERCIAL CASUALTY COMPANY  
STATEMENT OF INCOME

|   | 1<br>Current Year<br>to Date | 2<br>Prior Year<br>to Date | 3<br>Prior Year Ended<br>December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| UNDERWRITING INCOME   |                              |                            |                                      |
| 1. Premiums earned:   |                              |                            |                                      |
| 1.1 Direct..... (written \$.....0)  |                              |                            |                                      |
| 1.2 Assumed..... (written \$.....0)   |                              |                            |                                      |
| 1.3 Ceded..... (written \$.....0)   |                              |                            |                                      |
| 1.4 Net..... (written \$.....0)   | 0                            | 0                          | 0                                    |
| DEDUCTIONS:   |                              |                            |                                      |
| 2. Losses incurred (current accident year \$.....0):  |                              |                            |                                      |
| 2.1 Direct.....   |                              |                            |                                      |
| 2.2 Assumed.....  |                              |                            |                                      |
| 2.3 Ceded.....  |                              |                            |                                      |
| 2.4 Net.....  | 0                            | 0                          | 0                                    |
| 3. Loss adjustment expenses incurred.....   |                              |                            |                                      |
| 4. Other underwriting expenses incurred.....  | 6,511                        | 6,825                      | 8,105                                |
| 5. Aggregate write-ins for underwriting deductions.....   | 0                            | 0                          | 0                                    |
| 6. Total underwriting deductions (Lines 2 through 5).....   | 6,511                        | 6,825                      | 8,105                                |
| 7. Net income of protected cells.....   |                              |                            |                                      |
| 8. Net underwriting gain (loss) (Line 1 minus Line 6 + Line 7).....   | (6,511)                      | (6,825)                    | (8,105)                              |
| INVESTMENT INCOME   |                              |                            |                                      |
| 9. Net investment income earned.....  | 68,813                       | 69,174                     | 139,826                              |
| 10. Net realized capital gains (losses) less capital gains tax of \$....(68).....   | (256)                        | 100                        | (1,303)                              |
| 11. Net investment gain (loss) (Lines 9 + 10).....  | 68,557                       | 69,274                     | 138,523                              |
| OTHER INCOME  |                              |                            |                                      |
| 12. Net gain or (loss) from agents' or premium balances charged off<br>(amount recovered \$.....0 amount charged off \$.....0).....                             | 0                            |                            |                                      |
| 13. Finance and service charges not included in premiums.....   |                              |                            |                                      |
| 14. Aggregate write-ins for miscellaneous income.....   | 5                            | 71                         | 87                                   |
| 15. Total other income (Lines 12 through 14).....   | 5                            | 71                         | 87                                   |
| 16. Net income before dividends to policyholders, after capital gains tax and before all other federal and<br>foreign income taxes (Lines 8 + 11 + 15).....     | 62,051                       | 62,520                     | 130,505                              |
| 17. Dividends to policyholders.....   |                              |                            |                                      |
| 18. Net income, after dividends to policyholders, after capital gains tax and before all other federal and<br>foreign income taxes (Line 16 minus Line 17)..... | 62,051                       | 62,520                     | 130,505                              |
| 19. Federal and foreign income taxes incurred.....  | 13,844                       | 13,884                     | 29,393                               |
| 20. Net income (Line 18 minus Line 19) (to Line 22).....  | 48,207                       | 48,636                     | 101,112                              |
| CAPITAL AND SURPLUS ACCOUNT   |                              |                            |                                      |
| 21. Surplus as regards policyholders, December 31 prior year.....   | 8,549,392                    | 8,442,817                  | 8,442,817                            |
| 22. Net income (from Line 20).....  | 48,207                       | 48,636                     | 101,112                              |
| 23. Net transfers (to) from Protected Cell accounts.....  |                              |                            |                                      |
| 24. Change in net unrealized capital gains or (losses) less capital gains tax of \$.....0.....  |                              |                            |                                      |
| 25. Change in net unrealized foreign exchange capital gain (loss).....  |                              |                            |                                      |
| 26. Change in net deferred income tax.....  | 759                          | 775                        | 1,543                                |
| 27. Change in nonadmitted assets.....   |                              | (775)                      | 3,920                                |
| 28. Change in provision for reinsurance.....  |                              |                            |                                      |
| 29. Change in surplus notes.....  |                              |                            |                                      |
| 30. Surplus (contributed to) withdrawn from protected cells.....  |                              |                            |                                      |
| 31. Cumulative effect of changes in accounting principles.....  |                              |                            |                                      |
| 32. Capital changes:  |                              |                            |                                      |
| 32.1 Paid in.....   |                              |                            |                                      |
| 32.2 Transferred from surplus (Stock Dividend).....   |                              |                            |                                      |
| 32.3 Transferred to surplus.....  |                              |                            |                                      |
| 33. Surplus adjustments:  |                              |                            |                                      |
| 33.1 Paid in.....   |                              |                            |                                      |
| 33.2 Transferred to capital (Stock Dividend).....   |                              |                            |                                      |
| 33.3 Transferred from capital.....  |                              |                            |                                      |
| 34. Net remittances from or (to) Home Office.....   |                              |                            |                                      |
| 35. Dividends to stockholders.....  |                              |                            |                                      |
| 36. Change in treasury stock.....   |                              |                            |                                      |
| 37. Aggregate write-ins for gains and losses in surplus.....  | 0                            | 0                          | 0                                    |
| 38. Change in surplus as regards policyholders (Lines 22 through 37).....   | 48,966                       | 48,636                     | 106,575                              |
| 39. Surplus as regards policyholders, as of statement date (Lines 21 plus 38).....  | 8,598,358                    | 8,491,453                  | 8,549,392                            |
| DETAILS OF WRITE-INS  |                              |                            |                                      |
| 0501. ....  |                              |                            |                                      |
| 0502. ....  |                              |                            |                                      |
| 0503. ....  |                              |                            |                                      |
| 0598. Summary of remaining write-ins for Line 5 from overflow page.....   | 0                            | 0                          | 0                                    |
| 0599. Totals (Lines 0501 thru 0503 plus 0598) (Line 5 above).....   | 0                            | 0                          | 0                                    |
| 1401. INTEREST INCOME ON INTERCOMPANY BALANCES.....   | 5                            | 71                         | 87                                   |
| 1402. ....  |                              |                            |                                      |
| 1403. ....  |                              |                            |                                      |
| 1498. Summary of remaining write-ins for Line 14 from overflow page.....  | 0                            | 0                          | 0                                    |
| 1499. Totals (Lines 1401 thru 1403 plus 1498) (Line 14 above).....  | 5                            | 71                         | 87                                   |
| 3701. ....  |                              |                            |                                      |
| 3702. ....  |                              |                            |                                      |
| 3703. ....  |                              |                            |                                      |
| 3798. Summary of remaining write-ins for Line 37 from overflow page.....  | 0                            | 0                          | 0                                    |
| 3799. Totals (Lines 3701 thru 3703 plus 3798) (Line 37 above).....  | 0                            | 0                          | 0                                    |

PROGRESSIVE COMMERCIAL CASUALTY COMPANY  
CASH FLOW

|   | 1<br>Current Year<br>to Date | 2<br>Prior Year<br>To Date | 3<br>Prior Year Ended<br>December 31 |
|---|------------------------------|----------------------------|--------------------------------------|
| CASH FROM OPERATIONS  |                              |                            |                                      |
| 1. Premiums collected net of reinsurance.....   |                              |                            |                                      |
| 2. Net investment income.....   | 88,322                       | 88,565                     | 177,020                              |
| 3. Miscellaneous income.....  | 5                            | 71                         | 87                                   |
| 4. Total (Lines 1 through 3).....   | 88,327                       | 88,636                     | 177,107                              |
| 5. Benefit and loss related payments.....   |                              |                            |                                      |
| 6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts.....                         |                              |                            |                                      |
| 7. Commissions, expenses paid and aggregate write-ins for deductions.....   | 1,485                        | (15,284)                   | (16,947)                             |
| 8. Dividends paid to policyholders.....   |                              |                            |                                      |
| 9. Federal and foreign income taxes paid (recovered) net of \$.....(372) tax on capital gains (losses).....         | 7,451                        | 7,693                      | 29,289                               |
| 10. Total (Lines 5 through 9).....  | 8,936                        | (7,591)                    | 12,342                               |
| 11. Net cash from operations (Line 4 minus Line 10).....  | 79,391                       | 96,227                     | 164,765                              |
| CASH FROM INVESTMENTS   |                              |                            |                                      |
| 12. Proceeds from investments sold, matured or repaid:  |                              |                            |                                      |
| 12.1 Bonds.....   | 299,297                      | 200,703                    | 399,625                              |
| 12.2 Stocks.....  |                              |                            |                                      |
| 12.3 Mortgage loans.....  |                              |                            |                                      |
| 12.4 Real estate.....   |                              |                            |                                      |
| 12.5 Other invested assets.....   |                              |                            |                                      |
| 12.6 Net gains or (losses) on cash, cash equivalents and short-term investments.....                                |                              |                            |                                      |
| 12.7 Miscellaneous proceeds.....  |                              |                            |                                      |
| 12.8 Total investment proceeds (Lines 12.1 to 12.7).....  | 299,297                      | 200,703                    | 399,625                              |
| 13. Cost of investments acquired (long-term only):  |                              |                            |                                      |
| 13.1 Bonds.....   | 299,473                      | 200,594                    | 700,910                              |
| 13.2 Stocks.....  |                              |                            |                                      |
| 13.3 Mortgage loans.....  |                              |                            |                                      |
| 13.4 Real estate.....   |                              |                            |                                      |
| 13.5 Other invested assets.....   |                              |                            |                                      |
| 13.6 Miscellaneous applications.....  |                              | 1,375                      |                                      |
| 13.7 Total investments acquired (Lines 13.1 to 13.6).....   | 299,473                      | 201,969                    | 700,910                              |
| 14. Net increase or (decrease) in contract loans and premium notes.....   |                              |                            |                                      |
| 15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14).....  | (176)                        | (1,266)                    | (301,285)                            |
| CASH FROM FINANCING AND MISCELLANEOUS SOURCES   |                              |                            |                                      |
| 16. Cash provided (applied):  |                              |                            |                                      |
| 16.1 Surplus notes, capital notes.....  |                              |                            |                                      |
| 16.2 Capital and paid in surplus, less treasury stock.....  |                              |                            |                                      |
| 16.3 Borrowed funds.....  |                              |                            |                                      |
| 16.4 Net deposits on deposit-type contracts and other insurance liabilities.....                                    |                              |                            |                                      |
| 16.5 Dividends to stockholders.....   |                              |                            |                                      |
| 16.6 Other cash provided (applied).....   | (79,215)                     | 205,004                    | 136,520                              |
| 17. Net cash from financing and miscellaneous sources (Lines 16.1 through 16.4 minus Line 16.5 plus Line 16.6)..... | (79,215)                     | 205,004                    | 136,520                              |
| RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS   |                              |                            |                                      |
| 18. Net change in cash, cash equivalents and short-term investments (Line 11 plus Line 15 plus Line 17).....        | 0                            | 299,965                    | 0                                    |
| 19. Cash, cash equivalents and short-term investments:  |                              |                            |                                      |
| 19.1 Beginning of year.....   | 0                            |                            |                                      |
| 19.2 End of period (Line 18 plus Line 19.1).....  | 0                            | 299,965                    | 0                                    |

Note: Supplemental disclosures of cash flow information for non-cash transactions:

|               |       |       |       |
|---------------|-------|-------|-------|
| 20.0001 ..... | ..... | ..... | ..... |
|---------------|-------|-------|-------|

NOTES TO FINANCIAL STATEMENTS

Note 1 – Summary of Significant Accounting Policies and Going Concern

A. Accounting Practices

The accompanying statutory-basis financial statements of Progressive Commercial Casualty Company (the “Company”), were prepared on the basis of accounting practices prescribed or permitted by the Ohio Department of Insurance (“DOI”).

The DOI requires insurance companies domiciled in the state of Ohio to prepare their statutory-basis financial statements in accordance with the National Association of Insurance Commissioners’ (“NAIC”) *Accounting Practices and Procedures Manual* subject to any deviations prescribed or permitted by the DOI. No deviations from NAIC statutory accounting practices (“NAIC SAP”) were used in preparing these statutory-basis financial statements as illustrated in the table below:

|  | SSAP # | F/S Page | F/S Line # | 2021         | 2020         |
|--|--------|----------|------------|--------------|--------------|
| NET INCOME   |        |          |            |              |              |
| (1) PROGRESSIVE COMMERCIAL CASUALTY COMPANY state basis (Page 4, Line 20, Columns 1 & 2) | XXX    | XXX      | XXX        | \$ 48,207    | \$ 101,112   |
| (2) State Prescribed Practices that increase/decrease NAIC SAP                           |        |          |            |              |              |
|  |        |          |            |              |              |
| (3) State Permitted Practices that increase/decrease NAIC SAP                            |        |          |            |              |              |
|  |        |          |            |              |              |
| (4) NAIC SAP (1 – 2 – 3 = 4)   | XXX    | XXX      | XXX        | \$ 48,207    | \$ 101,112   |
| SURPLUS  |        |          |            |              |              |
| (5) PROGRESSIVE COMMERCIAL CASUALTY COMPANY state basis (Page 3, line 37, Columns 1 & 2) | XXX    | XXX      | XXX        | \$ 8,598,358 | \$ 8,549,392 |
| (6) State Prescribed Practices that increase/decrease NAIC SAP                           |        |          |            |              |              |
|  |        |          |            |              |              |
| (7) State Permitted Practices that increase/decrease NAIC SAP                            |        |          |            |              |              |
|  |        |          |            |              |              |
| (8) NAIC SAP (5 – 6 – 7 = 8)   | XXX    | XXX      | XXX        | \$ 8,598,358 | \$ 8,549,392 |

B. Use of Estimates in the Preparation of the Financial Statement

No significant changes

C. Accounting Policy

2. Basis for Bonds, Mandatory Convertible Securities, SVO-Identified Investments and Amortization Method

No significant changes

6. Loan-backed securities

Loan-backed and structured securities are accounted for as prescribed by Statement of Statutory Accounting Principles No. 43R, Loan-backed and Structured Securities. These securities are generally stated at amortized cost as determined by the estimated value of future cash flows. Prepayment assumptions for loan-backed and structured debt securities are obtained from available market data, broker/dealers, and/or internal estimates, and are consistent with current interest rate and economic trends.

D. Going Concern

Management continuously monitors the Company’s financial results and compliance with regulatory requirements and found no reason to expect the Company to not continue as a going concern.

Note 2 – Accounting Changes and Corrections of Errors

Not applicable

Note 3 – Business Combinations and Goodwill

Not applicable

Note 4 – Discontinued Operations

Not applicable

Note 5 – Investments

A - D. Not applicable

E - I. Not applicable

J - R. No significant changes

Note 6 – Joint Ventures, Partnerships and Limited Liability Companies

Not applicable

Note 7 – Investment Income

No significant changes

Note 8 – Derivative Instruments

Not applicable

Note 9 – Income Taxes

NOTES TO FINANCIAL STATEMENTS

No significant changes

Note 10 – Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

No significant changes

Note 11 – Debt

Not applicable

Note 12 – Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

Not applicable

Note 13 – Capital and Surplus, Shareholder's Dividend Restrictions and Quasi-Reorganizations

No significant changes

Note 14 – Liabilities, Contingencies and Assessments

No significant changes

Note 15 – Leases

Not applicable

Note 16 – Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

Not applicable

Note 17 – Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Not applicable

Note 18 – Gain or Loss to the Reporting Entity from Uninsured Plans and the Portion of Partially Insured Plans

Not applicable

Note 19 – Direct Premium Written/Produced by Managing General Agents/Third Party Administrators

Not applicable

Note 20 – Fair Value Measurements

A. Inputs Used for Assets and Liabilities Measured at Fair Value

1. Fair Value Measurements by Levels 1, 2 and 3

The Company categorizes its financial instruments, based on the degree of subjectivity inherent in the method by which they are valued, into a fair value hierarchy of three levels, as follows:

Level 1 - Inputs are unadjusted, quoted prices in active markets for identical instruments at the measurement date (e.g., U.S. government obligations, which are continually priced on a daily basis, active exchange-traded equity securities, and certain short-term securities).

Level 2 - Inputs (other than quoted prices included within Level 1) that are observable for the instrument either directly or indirectly (e.g., certain corporate and municipal bonds and certain preferred stocks). This includes: (i) quoted prices for similar instruments in active markets, (ii) quoted prices for identical or similar instruments in markets that are not active, (iii) inputs other than quoted prices that are observable for the instruments, and (iv) inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 - Inputs that are unobservable. Unobservable inputs reflect our subjective evaluation about the assumptions market participants would use in pricing the financial instrument (e.g., certain structured securities and privately held investments).

Determining the fair value of the investment portfolio is the responsibility of management. As part of the responsibility, management evaluates whether a market is distressed or inactive in determining the fair value for our portfolio. Management reviews certain market level inputs to evaluate whether sufficient activity, volume, and new issuances exist to create an active market. Based on this evaluation, management concluded that there was sufficient activity related to the sectors and securities for which we obtained valuations.

As of the reporting date, the Company did not measure and report any securities at fair value on the balance sheet. All bonds were carried at amortized cost.

2. Rollforward of Level 3 Items

Not applicable

3. Policy on Transfers Into and Out of Level 3

At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred into or out of Level 3.

4. Inputs and Techniques Used for Level 2 and Level 3 Fair Values

See Note 20.A.1 above.

5. Derivative Fair Values

Not applicable

B. Other Fair Value Disclosures

Not applicable

NOTES TO FINANCIAL STATEMENTS

C. Fair Values for all Financial Instruments by Levels 1, 2, and 3

The table below represents the fair value of all financial instruments at the reporting date, however, not all financial instruments are reported at fair value in the Company's financial statements.

| Type of Financial Instrument | Aggregate Fair Value | Admitted Assets | (Level 1)    | (Level 2) | (Level 3) | Net Asset Value (NAV) | Not Practicable (Carrying Value) |
|------------------------------|----------------------|-----------------|--------------|-----------|-----------|-----------------------|----------------------------------|
| Bonds                        | \$ 8,848,815         | \$ 8,530,991    | \$ 8,848,815 | \$        | \$        | \$                    | \$                               |
| Cash equivalents             | \$                   | \$              | \$           | \$        | \$        | \$                    | \$                               |
| Common stock                 | \$                   | \$              | \$           | \$        | \$        | \$                    | \$                               |
| Preferred stock              | \$                   | \$              | \$           | \$        | \$        | \$                    | \$                               |
| Short-term investments       | \$                   | \$              | \$           | \$        | \$        | \$                    | \$                               |

D. Not Practicable to Estimate Fair Value

Not applicable

E. NAV Practical Expedient Investments

Not applicable

Note 21 – Other Items

No significant changes

Note 22 – Events Subsequent

The Company was not impacted by any material subsequent events. Subsequent events have been considered through August 10, 2021 for the statutory statements that were available for issuance by August 16, 2021.

Note 23 – Reinsurance

Not applicable

Note 24 – Retrospectively Rated Contracts and Contracts Subject to Redetermination

A - E. Not applicable

F. Risk Sharing Provisions of the Affordable Care Act

1. Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk sharing provisions? Yes [ ] No [X]

2 - 5. Not applicable

Note 25 – Change in Incurred Losses and Loss Adjustment Expenses

Not applicable

Note 26 – Intercompany Pooling Arrangements

Not applicable

Note 27 – Structured Settlements

Not applicable

Note 28 – Health Care Receivables

Not applicable

Note 29 – Participating Policies

Not applicable

Note 30 – Premium Deficiency Reserves

Not applicable

Note 31 – High Deductibles

Not applicable

Note 32 – Discounting of Liabilities for Unpaid Losses or Unpaid Loss Adjustment Expenses

Not applicable

Note 33 – Asbestos/Environmental Reserves

Not applicable

Note 34 – Subscriber Savings Accounts



NOTES TO FINANCIAL STATEMENTS

Not applicable

**Note 35 – Multiple Peril Crop Insurance**

Not applicable

**Note 36 – Financial Guaranty Insurance**

Not applicable

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes ☐ No ☒

1.2

If yes, has the report been filed with the domiciliary state?

Yes ☐ No ☐

2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes ☐ No ☒

2.2

If yes, date of change:

3.1

Is the reporting entity a member of an Insurance Holding Company System consisting of two or more affiliated persons, one or more of which is an insurer?  
If yes, complete Schedule Y, Parts 1 and 1A.

Yes ☒ No ☐

3.2

Have there been any substantial changes in the organizational chart since the prior quarter end?

Yes ☒ No ☐

3.3

If the response to 3.2 is yes, provide a brief description of those changes.

Effective June 1, 2021 The Progressive Corporation purchased 100% ownership in Protective Insurance Corporation and Carnation Merger Sub. Inc. merged with Protective Insurance Corporation. Carnation Merger Sub. Inc. was a non-surviving entity of the merger. Protective Insurance Corporation, a non-insurance affiliate has 7 subsidiaries: B&L Brokerage Services, Inc., a non-insurance affiliate, B&L Management, Inc., a non-insurance affiliate, Transport Specialty Insurance Agency, Inc., a non-insurance affiliate, B&L Insurance Ltd., an insurance affiliate, Protective Insurance Company, an insurance affiliate, Protective Specialty Insurance Company, an insurance affiliate, and Sagamore Insurance Company, an insurance affiliate.

3.4

Is the reporting entity publicly traded or a member of a publicly traded group?

Yes ☒ No ☐

3.5

If the response to 3.4 is yes, provide the CIK (Central Index Key) code issued by the SEC for the entity/group.

0000080661

4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?  
If yes, complete and file the merger history data file with the NAIC for the annual filing corresponding to this period.

Yes ☐ No ☒

4.2

If yes, provide name of entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.

|                |                              |                           |
|----------------|------------------------------|---------------------------|
| 1              | 2<br>NAIC<br>Company<br>Code | 3<br>State of<br>Domicile |
| Name of Entity |                              |                           |
|                |                              |                           |

5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?  
If yes, attach an explanation.

Yes ☐ No ☒ N/A ☐

6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2017

6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2017

6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

05/08/2019

6.4

By what department or departments?  
OHIO

6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes ☐ No ☐ N/A ☒

6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes ☒ No ☐ N/A ☐

7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes ☐ No ☒

7.2

If yes, give full information:

8.1

Is the company a subsidiary of a bank holding company regulated with the Federal Reserve Board?

Yes ☐ No ☒

8.2

If response to 8.1 is yes, please identify the name of the bank holding company.

8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes ☐ No ☒

8.4

If the response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator].

|                     |                             |          |          |           |          |
|---------------------|-----------------------------|----------|----------|-----------|----------|
| 1<br>Affiliate Name | 2<br>Location (City, State) | 3<br>FRB | 4<br>OCC | 5<br>FDIC | 6<br>SEC |
|                     |                             |          |          |           |          |

9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?

Yes ☒ No ☐

(a)

Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;

(b)

Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;

(c)

Compliance with applicable governmental laws, rules and regulations;

(d)

The prompt internal reporting of violations to an appropriate person or persons identified in the code; and

(e)

Accountability for adherence to the code.

9.11

If the response to 9.1 is No, please explain:

9.2

Has the code of ethics for senior managers been amended?

Yes ☐ No ☒

9.21

If the response to 9.2 is Yes, provide information related to amendment(s).

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

9.3 Have any provisions of the code of ethics been waived for any of the specified officers? Yes [ ] No [X]

9.31 If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

10.1 Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? Yes [ ] No [X]

10.2 If yes, indicate any amounts receivable from parent included in the Page 2 amount: \$ 0

INVESTMENT

11.1 Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) Yes [ ] No [X]

11.2 If yes, give full and complete information relating thereto:

12. Amount of real estate and mortgages held in other invested assets in Schedule BA: \$ 0

13. Amount of real estate and mortgages held in short-term investments: \$ 0

14.1 Does the reporting entity have any investments in parent, subsidiaries and affiliates? Yes [ ] No [X]

14.2 If yes, please complete the following:

|   | 1<br>Prior Year End Book/Adjusted<br>Carrying Value | 2<br>Current Quarter Book/Adjusted<br>Carrying Value |
|---|---|--|
| 14.21 Bonds   | \$ 0  | \$ 0   |
| 14.22 Preferred Stock   | 0   | 0  |
| 14.23 Common Stock  | 0   | 0  |
| 14.24 Short-Term Investments  | 0   | 0  |
| 14.25 Mortgage Loans on Real Estate   | 0   | 0  |
| 14.26 All Other   | 0   | 0  |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) | \$ 0  | \$ 0   |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above                       | \$ 0  | \$ 0   |

15.1 Has the reporting entity entered into any hedging transactions reported on Schedule DB? Yes [ ] No [X]

15.2 If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? Yes [ ] No [ ] N/A [X]

If no, attach a description with this statement.

16. For the reporting entity's security lending program, state the amount of the following as of current statement date:

16.1 Total fair value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0

16.2 Total book adjusted/carrying value of reinvested collateral assets reported on Schedule DL, Parts 1 and 2: \$ 0

16.3 Total payable for securities lending reported on the liability page: \$ 0

17. Excluding items in Schedule E-Part 3-Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 1, III - General Examination Considerations, F. Outsourcing of Critical Functions, Custodial or Safekeeping Agreements of the NAIC *Financial Condition Examiners Handbook*? Yes [X] No [ ]

17.1 For all agreements that comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, complete the following:

| 1<br>Name of Custodian(s) | 2<br>Custodian Address                  |
|---------------------------|---|
| CITIBANK, N.A.            | 338 GREENWICH STREET NEW YORK, NY 10013 |

17.2 For all agreements that do not comply with the requirements of the NAIC *Financial Condition Examiners Handbook*, provide the name, location and a complete explanation:

| 1<br>Name(s) | 2<br>Location(s) | 3<br>Complete Explanation(s) |
|--------------|------------------|------------------------------|
|              |                  |                              |

17.3 Have there been any changes, including name changes, in the custodian(s) identified in 17.1 during the current quarter? Yes [ ] No [X]

17.4 If yes, give full and complete information relating thereto:

| 1<br>Old Custodian | 2<br>New Custodian | 3<br>Date of<br>Change | 4<br>Reason |
|--------------------|--------------------|------------------------|-------------|
|                    |                    |                        |             |

17.5 Investment management – Identify all investment advisors, investment managers, broker/dealers, including individuals that have the authority to make investment decisions on behalf of the reporting entity. For assets that are managed internally by employees of the reporting entity, note as such ["...that have access to the investment accounts", "handle securities"].

| 1<br>Name of Firm or Individual      | 2<br>Affiliation |
|--------------------------------------|------------------|
| PROGRESSIVE CAPITAL MANAGEMENT CORP. | A                |

17.5097 For those firms/individuals listed in the table for Question 17.5, do any firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") manage more than 10% of the reporting entity's invested assets? Yes [ ] No [ ]

17.5098 For firms/individuals unaffiliated with the reporting entity (i.e., designated with a "U") listed in the table for Question 17.5, does the total assets under management aggregate to more than 50% of the reporting entity's invested assets? Yes [ ] No [ ]

17.6 For those firms or individuals listed in the table for 17.5 with an affiliation code of "A" (affiliated) or "U" (unaffiliated), provide the information for the table below.

| 1<br>Central Registration Depository<br>Number | 2<br>Name of Firm or Individual | 3<br>Legal Entity Identifier (LEI) | 4<br>Registered With | 5<br>Investment<br>Management<br>Agreement (IMA) Filed |
|--|---------------------------------|------------------------------------|----------------------|--|
| N/A  | PROGRESSIVE CAPITAL             |                                    | N/A                  | DS   |

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

| 1                                      | 2                          | 3                             | 4               | 5   |
|--|----------------------------|-------------------------------|-----------------|---|
| Central Registration Depository Number | Name of Firm or Individual | Legal Entity Identifier (LEI) | Registered With | Investment Management Agreement (IMA) Filed |
|  | MANAGEMENT CORP            |                               |                 |   |

18.1 Have all the filing requirements of the *Purposes and Procedures Manual of the NAIC Investment Analysis Office* been followed? Yes [ X ] No [ ]

18.2 If no, list exceptions:

19. By self-designating 5GI securities, the reporting entity is certifying the following elements for each self-designated 5GI security:

a. Documentation necessary to permit a full credit analysis of the security does not exist or an NAIC CRP credit rating for an FE or PL security is not available.

b. Issuer or obligor is current on all contracted interest and principal payments.

c. The insurer has an actual expectation of ultimate payment of all contracted interest and principal.

Has the reporting entity self-designated 5GI securities? Yes [ ] No [ X ]

20. By self-designating PLGI securities, the reporting entity is certifying the following elements for each self-designated PLGI security:

a. The security was purchased prior to January 1, 2018.

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c. The NAIC Designation was derived from the credit rating assigned by an NAIC CRP in its legal capacity as a NRSRO which is shown on a current private letter rating held by the insurer and available for examination by state insurance regulators.

d. The reporting entity is not permitted to share this credit rating of the PL security with the SVO.

Has the reporting entity self-designated PLGI securities? Yes [ ] No [ X ]

21. By assigning FE to a Schedule BA non-registered private fund, the reporting entity is certifying the following elements of each self-designated FE fund:

a. The security was purchased prior to January 1, 2019.

b. The reporting entity is holding capital commensurate with the NAIC Designation reported for the security.

c. The security had a public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO prior to January 1, 2019.

d. The fund only or predominantly holds bonds in its portfolio.

e. The current reporting NAIC designation was derived from the public credit rating(s) with annual surveillance assigned by an NAIC CRP in its legal capacity as an NRSRO.

f. The public credit rating(s) with annual surveillance assigned by an NAIC CRP has not lapsed.

Has the reporting entity assigned FE to Schedule BA non-registered private funds that complied with the above criteria? Yes [ ] No [ X ]

PROGRESSIVE COMMERCIAL CASUALTY COMPANY  
GENERAL INTERROGATORIES (continued)

PART 2 – PROPERTY & CASUALTY INTERROGATORIES

1. If the reporting entity is a member of a pooling arrangement, did the agreement or the reporting entity's participation change? Yes [ ] No [ ] N/A [X]  
If yes, attach an explanation.

2. Has the reporting entity reinsured any risk with any other reporting entity and agreed to release such entity from liability, in whole or in part, from any loss that may occur on the risk, or portion thereof, reinsured? Yes [ ] No [X]  
If yes, attach an explanation.

3.1 Have any of the reporting entity's primary reinsurance contracts been canceled? Yes [ ] No [X]  
3.2 If yes, give full and complete information thereto:

4.1 Are any of the liabilities for unpaid losses and loss adjustment expenses other than certain workers' compensation tabular reserves (see *Annual Statement Instructions* pertaining to disclosure of discounting for definition of "tabular reserves,") discounted at a rate of interest greater than zero? Yes [ ] No [X]

4.2 If yes, complete the following schedule:

| 1<br>Line of Business | 2<br>Maximum Interest | 3<br>Disc. Rate | Total Discount     |                 |           |            | Discount Taken During Period |                 |            |             |
|-----------------------|-----------------------|-----------------|--------------------|-----------------|-----------|------------|------------------------------|-----------------|------------|-------------|
|                       |                       |                 | 4<br>Unpaid Losses | 5<br>Unpaid LAE | 6<br>IBNR | 7<br>Total | 8<br>Unpaid Losses           | 9<br>Unpaid LAE | 10<br>IBNR | 11<br>Total |
|                       | 0.000                 | 0.000           | 0                  | 0               | 0         | 0          | 0                            | 0               | 0          | 0           |
| Total                 | XXX                   | XXX             | 0                  | 0               | 0         | 0          | 0                            | 0               | 0          | 0           |

5. Operating Percentages:

5.1 A&H loss percent

0.000%

5.2 A&H cost containment percent

0.000%

5.3 A&H expense percent excluding cost containment expenses

0.000%

6.1 Do you act as a custodian for health savings accounts? Yes [ ] No [X]

6.2 If yes, please provide the amount of custodial funds held as of the reporting date. \$ 0

6.3 Do you act as an administrator for health savings accounts? Yes [ ] No [X]

6.4 If yes, please provide the amount of funds administered as of the reporting date. \$ 0

7. Is the reporting entity licensed or chartered, registered, qualified, eligible or writing business in at least two states? Yes [X] No [ ]

7.1 If no, does the reporting entity assume reinsurance business that covers risks residing in at least one state other than the state of domicile of the reporting entity? Yes [ ] No [ ]

**PROGRESSIVE COMMERCIAL CASUALTY COMPANY**  
**SCHEDULE F - CEDED REINSURANCE**

Showing All New Reinsurers - Current Year to Date

| 1                       | 2         | 3                 | 4                           | 5                    | 6  | 7   |
|-------------------------|-----------|-------------------|-----------------------------|----------------------|--|---|
| NAIC<br>Company<br>Code | ID Number | Name of Reinsurer | Domiciliary<br>Jurisdiction | Type of<br>Reinsurer | Certified<br>Reinsurer Rating<br>(1 through 6) | Effective Date<br>of Certified<br>Reinsurer<br>Rating |

NONE

PROGRESSIVE COMMERCIAL CASUALTY COMPANY  
SCHEDULE T - EXHIBIT OF PREMIUMS WRITTEN

Current Year to Date - Allocated by States and Territories

| States, Etc. |                                 | 1<br>Active<br>Status<br>(a) | Direct Premiums Written      |                            | Direct Losses Paid (Deducting Salvage) |                            | Direct Losses Unpaid         |                            |
|--------------|---------------------------------|------------------------------|------------------------------|----------------------------|--|----------------------------|------------------------------|----------------------------|
|              |                                 |                              | 2<br>Current Year<br>to Date | 3<br>Prior Year<br>to Date | 4<br>Current Year<br>to Date           | 5<br>Prior Year<br>to Date | 6<br>Current Year<br>to Date | 7<br>Prior Year<br>to Date |
| 1.           | Alabama.....AL                  | L                            |                              |                            |  |                            |                              |                            |
| 2.           | Alaska.....AK                   | L                            |                              |                            |  |                            |                              |                            |
| 3.           | Arizona.....AZ                  | L                            |                              |                            |  |                            |                              |                            |
| 4.           | Arkansas.....AR                 | L                            |                              |                            |  |                            |                              |                            |
| 5.           | California.....CA               | L                            |                              |                            |  |                            |                              |                            |
| 6.           | Colorado.....CO                 | N                            |                              |                            |  |                            |                              |                            |
| 7.           | Connecticut.....CT              | N                            |                              |                            |  |                            |                              |                            |
| 8.           | Delaware.....DE                 | L                            |                              |                            |  |                            |                              |                            |
| 9.           | District of Columbia.....DC     | N                            |                              |                            |  |                            |                              |                            |
| 10.          | Florida.....FL                  | N                            |                              |                            |  |                            |                              |                            |
| 11.          | Georgia.....GA                  | N                            |                              |                            |  |                            |                              |                            |
| 12.          | Hawaii.....HI                   | L                            |                              |                            |  |                            |                              |                            |
| 13.          | Idaho.....ID                    | N                            |                              |                            |  |                            |                              |                            |
| 14.          | Illinois.....IL                 | L                            |                              |                            |  |                            |                              |                            |
| 15.          | Indiana.....IN                  | L                            |                              |                            |  |                            |                              |                            |
| 16.          | Iowa.....IA                     | L                            |                              |                            |  |                            |                              |                            |
| 17.          | Kansas.....KS                   | L                            |                              |                            |  |                            |                              |                            |
| 18.          | Kentucky.....KY                 | L                            |                              |                            |  |                            |                              |                            |
| 19.          | Louisiana.....LA                | N                            |                              |                            |  |                            |                              |                            |
| 20.          | Maine.....ME                    | L                            |                              |                            |  |                            |                              |                            |
| 21.          | Maryland.....MD                 | L                            |                              |                            |  |                            |                              |                            |
| 22.          | Massachusetts.....MA            | L                            |                              |                            |  |                            |                              |                            |
| 23.          | Michigan.....MI                 | N                            |                              |                            |  |                            |                              |                            |
| 24.          | Minnesota.....MN                | L                            |                              |                            |  |                            |                              |                            |
| 25.          | Mississippi.....MS              | N                            |                              |                            |  |                            |                              |                            |
| 26.          | Missouri.....MO                 | N                            |                              |                            |  |                            |                              |                            |
| 27.          | Montana.....MT                  | L                            |                              |                            |  |                            |                              |                            |
| 28.          | Nebraska.....NE                 | L                            |                              |                            |  |                            |                              |                            |
| 29.          | Nevada.....NV                   | L                            |                              |                            |  |                            |                              |                            |
| 30.          | New Hampshire.....NH            | N                            |                              |                            |  |                            |                              |                            |
| 31.          | New Jersey.....NJ               | N                            |                              |                            |  |                            |                              |                            |
| 32.          | New Mexico.....NM               | L                            |                              |                            |  |                            |                              |                            |
| 33.          | New York.....NY                 | N                            |                              |                            |  |                            |                              |                            |
| 34.          | North Carolina.....NC           | N                            |                              |                            |  |                            |                              |                            |
| 35.          | North Dakota.....ND             | L                            |                              |                            |  |                            |                              |                            |
| 36.          | Ohio.....OH                     | L                            |                              |                            |  |                            |                              |                            |
| 37.          | Oklahoma.....OK                 | L                            |                              |                            |  |                            |                              |                            |
| 38.          | Oregon.....OR                   | L                            |                              |                            |  |                            |                              |                            |
| 39.          | Pennsylvania.....PA             | L                            |                              |                            |  |                            |                              |                            |
| 40.          | Rhode Island.....RI             | L                            |                              |                            |  |                            |                              |                            |
| 41.          | South Carolina.....SC           | L                            |                              |                            |  |                            |                              |                            |
| 42.          | South Dakota.....SD             | L                            |                              |                            |  |                            |                              |                            |
| 43.          | Tennessee.....TN                | L                            |                              |                            |  |                            |                              |                            |
| 44.          | Texas.....TX                    | L                            |                              |                            |  |                            |                              |                            |
| 45.          | Utah.....UT                     | L                            |                              |                            |  |                            |                              |                            |
| 46.          | Vermont.....VT                  | L                            |                              |                            |  |                            |                              |                            |
| 47.          | Virginia.....VA                 | L                            |                              |                            |  |                            |                              |                            |
| 48.          | Washington.....WA               | L                            |                              |                            |  |                            |                              |                            |
| 49.          | West Virginia.....WV            | L                            |                              |                            |  |                            |                              |                            |
| 50.          | Wisconsin.....WI                | N                            |                              |                            |  |                            |                              |                            |
| 51.          | Wyoming.....WY                  | L                            |                              |                            |  |                            |                              |                            |
| 52.          | American Samoa.....AS           | N                            |                              |                            |  |                            |                              |                            |
| 53.          | Guam.....GU                     | N                            |                              |                            |  |                            |                              |                            |
| 54.          | Puerto Rico.....PR              | N                            |                              |                            |  |                            |                              |                            |
| 55.          | US Virgin Islands.....VI        | N                            |                              |                            |  |                            |                              |                            |
| 56.          | Northern Mariana Islands.....MP | N                            |                              |                            |  |                            |                              |                            |
| 57.          | Canada.....CAN                  | N                            |                              |                            |  |                            |                              |                            |
| 58.          | Aggregate Other Alien.....OT    | XXX                          | 0                            | 0                          | 0                                      | 0                          | 0                            | 0                          |
| 59.          | Totals.....                     | XXX                          | 0                            | 0                          | 0                                      | 0                          | 0                            | 0                          |

DETAILS OF WRITE-INS

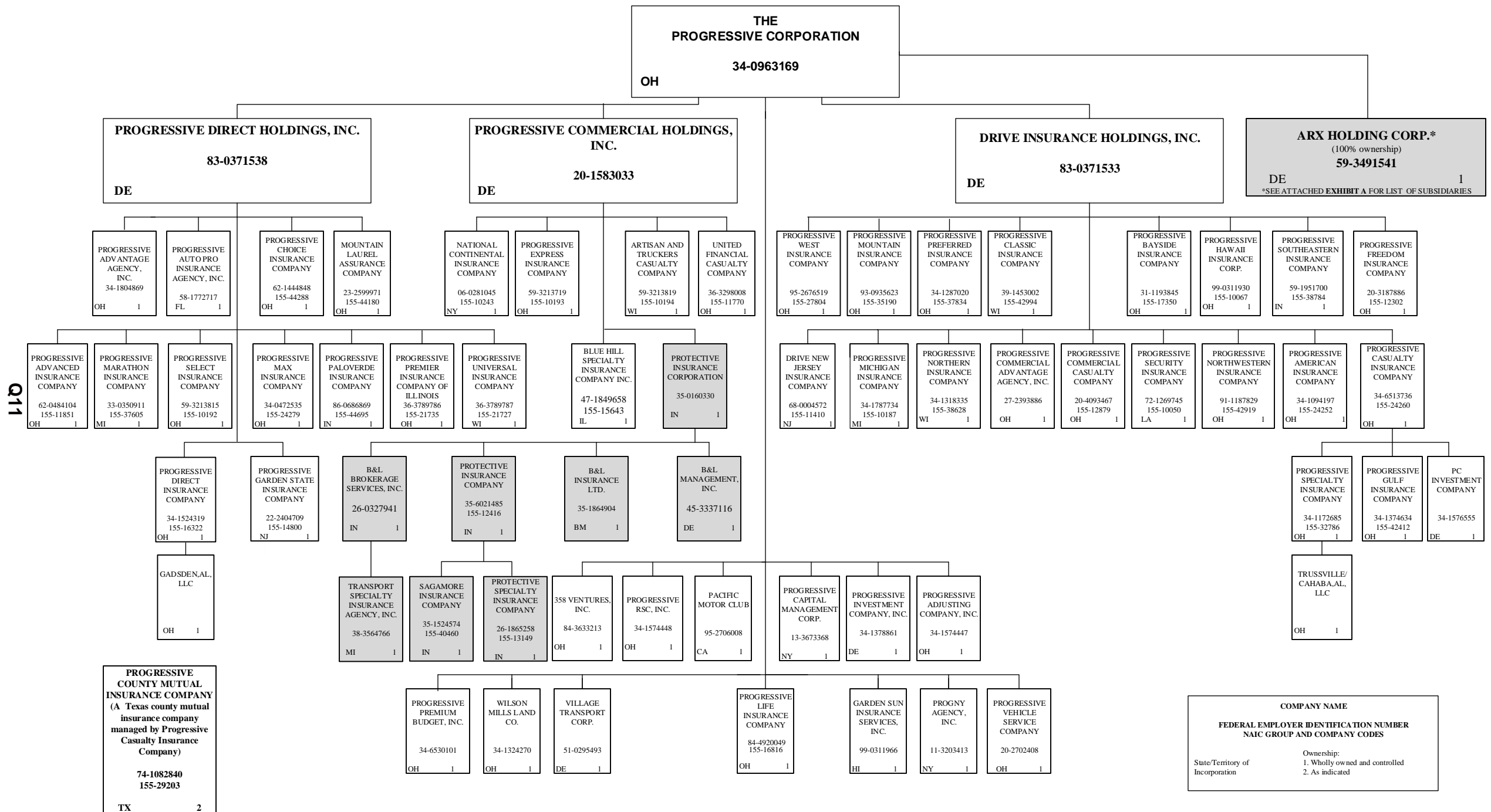
|  |     |   |   |   |   |   |   |
|--|-----|---|---|---|---|---|---|
| 58001.   | XXX |   |   |   |   |   |   |
| 58002.   | XXX |   |   |   |   |   |   |
| 58003.   | XXX |   |   |   |   |   |   |
| 58998. Summary of remaining write-ins<br>for Line 58 from overflow page..... | XXX | 0 | 0 | 0 | 0 | 0 | 0 |
| 58999. Totals (Lines 58001 thru 58003+<br>Line 58998) (Line 58 above).....   | XXX | 0 | 0 | 0 | 0 | 0 | 0 |

(a) Active Status Count

|  |    |   |    |
|--|----|---|----|
| L - Licensed or Chartered - Licensed insurance carrier or domiciled RRG.....   | 36 | R - Registered - Non-domiciled RRGs.....                                | 0  |
| E - Eligible - Reporting entities eligible or approved to write surplus lines in the state<br>(other than their state of domicile - See DSLI)..... | 0  | Q - Qualified - Qualified or accredited reinsurer.....                  | 0  |
| D - Domestic Surplus Lines Insurer (DSLI) - Reporting entities authorized to write<br>surplus lines in the state of domicile.....                  | 0  | N - None of the above - Not allowed to write business in the state..... | 21 |

# PROGRESSIVE COMMERCIAL CASUALTY COMPANY

SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP -- PART 1 – ORGANIZATIONAL CHART





SCHEDULE Y – INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP -- PART 1 – ORGANIZATIONAL CHART

Q11.1

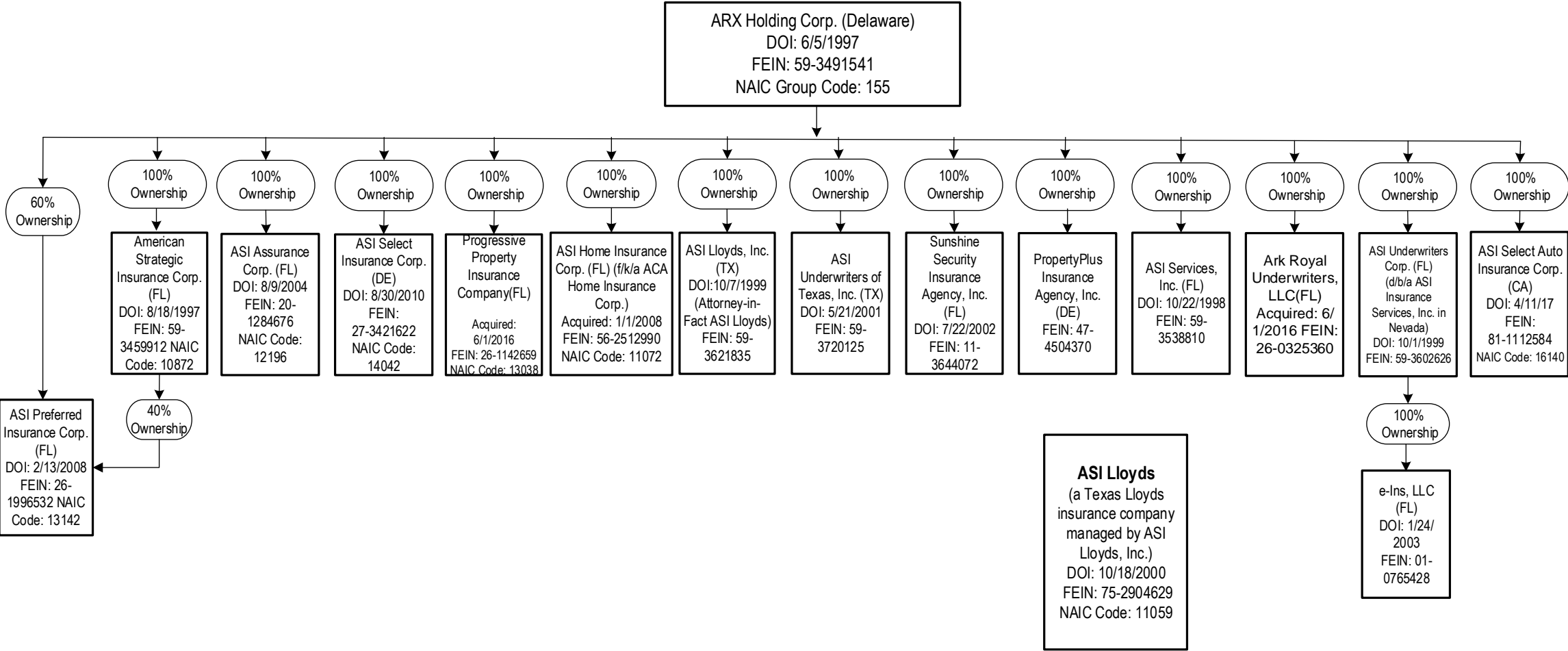


EXHIBIT A

**SCHEDULE Y**

**PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM**

| 1              | 2          | 3                           | 4            | 5            | 6          | 7   | 8   | 9                    | 10                               | 11   | 12  | 13   | 14   | 15                               | 16           |
|----------------|------------|-----------------------------|--------------|--------------|------------|---|---|----------------------|----------------------------------|--|---|--|--|----------------------------------|--------------|
| Group Code     | Group Name | NAIC Company Code           | ID Number    | Federal RSSD | CIK        | Name of Securities Exchange if Publicly Traded (U.S. or nternational) | Names of Parent, Subsidiaries or Affiliates       | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Y/N) | *            |
| <b>Members</b> |            |                             |              |              |            |   |   |                      |                                  |  |   |  |  |                                  |              |
| Q12            |            | 00000...                    | 34-0963169.. |              | 0000080661 | NYSE.....   | The Progressive Corporation.....                  | OH.....              | UIP.....                         | Board, Management.....                         | Board.....  |  | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|                |            | 00000...                    | 83-0371533.. |              |            |   | Drive Insurance Holdings, Inc.....                | DE.....              | UDP.....                         | The Progressive Corporation.....               | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|                | 0155       | Progressive Insurance Group | 11410...     | 68-0004572.. |            |   | Drive New Jersey Insurance Company.....           | NJ.....              | IA.....                          | Drive Insurance Holdings, Inc.....             | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|                | 0155       | Progressive Insurance Group | 12879...     | 20-4093467.. |            |   | Progressive Commercial Casualty Company.....      | OH.....              | RE.....                          | Drive Insurance Holdings, Inc.....             | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|                | 0155       | Progressive Insurance Group | 24252...     | 34-1094197.. |            |   | Progressive American Insurance Company.....       | OH.....              | IA.....                          | Drive Insurance Holdings, Inc.....             | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|                | 0155       | Progressive Insurance Group | 17350...     | 31-1193845.. |            |   | Progressive Bayside Insurance Company.....        | OH.....              | IA.....                          | Drive Insurance Holdings, Inc.....             | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|                | 0155       | Progressive Insurance Group | 24260...     | 34-6513736.. |            |   | Progressive Casualty Insurance Company.....       | OH.....              | IA.....                          | Drive Insurance Holdings, Inc.....             | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|                |            | 00000...                    | 34-1576555.. |              |            |   | PC Investment Company.....                        | DE.....              | NIA.....                         | Progressive Casualty Insurance Company.....    | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....Y.....                      | 1, 3.....    |
|                | 0155       | Progressive Insurance Group | 29203...     | 74-1082840.. |            |   | Progressive County Mutual Insurance Company.....  | TX.....              | IA.....                          | Progressive Casualty Insurance Company.....    | Management.....   |  | The Progressive Corporation.....           | .....N.....                      | 2, 3.....    |
|                | 0155       | Progressive Insurance Group | 42412...     | 34-1374634.. |            |   | Progressive Gulf Insurance Company.....           | OH.....              | IA.....                          | Progressive Casualty Insurance Company.....    | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....Y.....                      | 1, 3.....    |
|                | 0155       | Progressive Insurance Group | 32786...     | 34-1172685.. |            |   | Progressive Specialty Insurance Company.....      | OH.....              | IA.....                          | Progressive Casualty Insurance Company.....    | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....Y.....                      | 1, 3.....    |
|                |            | 00000...                    |              |              |            |   | Trussville/Cahaba, AL , LLC.....                  | OH.....              | NIA.....                         | Progressive Specialty Insurance Company.....   | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|                | 0155       | Progressive Insurance Group | 42994...     | 39-1453002.. |            |   | Progressive Classic Insurance Company.....        | WI.....              | IA.....                          | Drive Insurance Holdings, Inc.....             | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|                | 0155       | Progressive Insurance Group | 10067...     | 99-0311930.. |            |   | Progressive Hawaii Insurance Corp.....            | OH.....              | IA.....                          | Drive Insurance Holdings, Inc.....             | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|                | 0155       | Progressive Insurance Group | 10187...     | 34-1787734.. |            |   | Progressive Michigan Insurance Company.....       | MI.....              | IA.....                          | Drive Insurance Holdings, Inc.....             | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|                | 0155       | Progressive Insurance Group | 35190...     | 93-0935623.. |            |   | Progressive Mountain Insurance Company.....       | OH.....              | IA.....                          | Drive Insurance Holdings, Inc.....             | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|                | 0155       | Progressive Insurance Group | 38628...     | 34-1318335.. |            |   | Progressive Northern Insurance Company.....       | WI.....              | IA.....                          | Drive Insurance Holdings, Inc.....             | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|                | 0155       | Progressive Insurance Group | 42919...     | 91-1187829.. |            |   | Progressive Northwestern Insurance Company.....   | OH.....              | IA.....                          | Drive Insurance Holdings, Inc.....             | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|                | 0155       | Progressive Insurance Group | 37834...     | 34-1287020.. |            |   | Progressive Preferred Insurance Company.....      | OH.....              | IA.....                          | Drive Insurance Holdings, Inc.....             | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|                | 0155       | Progressive Insurance Group | 10050...     | 72-1269745.. |            |   | Progressive Security Insurance Company.....       | LA.....              | IA.....                          | Drive Insurance Holdings, Inc.....             | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|                | 0155       | Progressive Insurance Group | 38784...     | 59-1951700.. |            |   | Progressive Southeastern Insurance Company.....   | IN.....              | IA.....                          | Drive Insurance Holdings, Inc.....             | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|                | 0155       | Progressive Insurance Group | 27804...     | 95-2676519.. |            |   | Progressive West Insurance Company.....           | OH.....              | IA.....                          | Drive Insurance Holdings, Inc.....             | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|                | 0155       | Progressive Insurance Group | 12302...     | 20-3187886.. |            |   | Progressive Freedom Insurance Company.....        | OH.....              | IA.....                          | Drive Insurance Holdings, Inc.....             | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|                |            | 00000...                    | 27-2393886.. |              |            |   | Progressive Commercial Advantage Agency, Inc..... | OH.....              | NIA.....                         | Drive Insurance Holdings, Inc.....             | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|                |            | 00000...                    | 20-1583033.. |              |            |   | Progressive Commercial Holdings, Inc.....         | DE.....              | NIA.....                         | The Progressive Corporation.....               | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|                | 0155       | Progressive Insurance Group | 10194...     | 59-3213819.. |            |   | Artisan and Truckers Casualty Company.....        | WI.....              | IA.....                          | Progressive Commercial Holdings, Inc.....      | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|                | 0155       | Progressive Insurance Group | 10243...     | 06-0281045.. |            |   | National Continental Insurance Company.....       | NY.....              | IA.....                          | Progressive Commercial Holdings, Inc.....      | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|                | 0155       | Progressive Insurance Group | 10193...     | 59-3213719.. |            |   | Progressive Express Insurance Company.....        | OH.....              | IA.....                          | Progressive Commercial Holdings, Inc.....      | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|                | 0155       | Progressive Insurance Group | 11770...     | 36-3298008.. |            |   | United Financial Casualty Company.....            | OH.....              | IA.....                          | Progressive Commercial Holdings, Inc.....      | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|                | 0155       | Progressive Insurance Group | 15643...     | 47-1849658.. |            |   | Blue Hill Specialty Insurance Company, Inc.....   | IL.....              | IA.....                          | Progressive Commercial Holdings, Inc.....      | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|                |            | 00000...                    | 35-0160330.. |              |            |   | Protective Insurance Corporation.....             | IN.....              | NIA.....                         | Progressive Commercial Holdings, Inc.....      | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3, 6..... |
|                | 0155       | Progressive Insurance Group | 12416...     | 35-6021485.. |            |   | Protective Insurance Company.....                 | IN.....              | IA.....                          | Protective Insurance Corporation.....          | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3, 6..... |
|                | 0155       | Progressive Insurance Group | 40460...     | 35-1524574.. |            |   | Sagamore Insurance Company.....                   | IN.....              | IA.....                          | Protective Insurance Company.....              | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3, 6..... |
|                | 0155       | Progressive Insurance Group | 13149...     | 26-1865258.. |            |   | Protective Specialty Insurance Company.....       | IN.....              | IA.....                          | Protective Insurance Company.....              | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3, 6..... |
|                |            | 00000...                    | 26-0327941.. |              |            |   | B&L Brokerage Services, Inc.....                  | IN.....              | NIA.....                         | Protective Insurance Corporation.....          | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3, 6..... |
|                |            | 00000...                    | 45-3337116.. |              |            |   | B&L Management Inc.....                           | DE.....              | NIA.....                         | Protective Insurance Corporation.....          | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3, 6..... |

PROGRESSIVE COMMERCIAL CASUALTY COMPANY

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Q12.1

| 1          | 2                           | 3                 | 4            | 5            | 6   | 7   | 8  | 9                    | 10                               | 11   | 12  | 13   | 14   | 15                               | 16           |
|------------|-----------------------------|-------------------|--------------|--------------|-----|---|--|----------------------|----------------------------------|--|---|--|--|----------------------------------|--------------|
| Group Code | Group Name                  | NAIC Company Code | ID Number    | Federal RSSD | CIK | Name of Securities Exchange if Publicly Traded (U.S. or nternational) | Names of Parent, Subsidiaries or Affiliates            | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Y/N) | *            |
|            |                             | 00000..           | 35-1864904.. |              |     |   | B&L Insurance, LTD.....                                | BMU.....             | IA.....                          | Protective Insurance Corporation.....          | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3, 6....  |
|            |                             | 00000..           | 38-3564766.. |              |     |   | Transport Specialty Insurance Agency, Inc.....         | MI.....              | NIA.....                         | B&L Brokerage Services, Inc.....               | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3, 6....  |
|            |                             | 00000..           | 83-0371538.. |              |     |   | Progressive Direct Holdings, Inc.....                  | DE.....              | NIA.....                         | The Progressive Corporation.....               | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
| 0155       | Progressive Insurance Group | 44180..           | 23-2599971.. |              |     |   | Mountain Laurel Assurance Company.....                 | OH.....              | IA.....                          | Progressive Direct Holdings, Inc.....          | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
| 0155       | Progressive Insurance Group | 11851..           | 62-0484104.. |              |     |   | Progressive Advanced Insurance Company.....            | OH.....              | IA.....                          | Progressive Direct Holdings, Inc.....          | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|            |                             | 00000..           | 58-1772717.. |              |     |   | Progressive Auto Pro Insurance Agency, Inc.....        | FL.....              | NIA.....                         | Progressive Direct Holdings, Inc.....          | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
| 0155       | Progressive Insurance Group | 44288..           | 62-1444848.. |              |     |   | Progressive Choice Insurance Company.....              | OH.....              | IA.....                          | Progressive Direct Holdings, Inc.....          | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
| 0155       | Progressive Insurance Group | 16322..           | 34-1524319.. |              |     |   | Progressive Direct Insurance Company.....              | OH.....              | IA.....                          | Progressive Direct Holdings, Inc.....          | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|            |                             | 00000..           |              |              |     |   | Gadsden, AL, LLC.....                                  | OH.....              | NIA.....                         | Progressive Direct Insurance Company.....      | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
| 0155       | Progressive Insurance Group | 14800..           | 22-2404709.. |              |     |   | Progressive Garden State Insurance Company.....        | NJ.....              | IA.....                          | Progressive Direct Holdings, Inc.....          | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
| 0155       | Progressive Insurance Group | 37605..           | 33-0350911.. |              |     |   | Progressive Marathon Insurance Company.....            | MI.....              | IA.....                          | Progressive Direct Holdings, Inc.....          | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
| 0155       | Progressive Insurance Group | 24279..           | 34-0472535.. |              |     |   | Progressive Max Insurance Company.....                 | OH.....              | IA.....                          | Progressive Direct Holdings, Inc.....          | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
| 0155       | Progressive Insurance Group | 44695..           | 86-0686869.. |              |     |   | Progressive Paloverde Insurance Company.....           | IN.....              | IA.....                          | Progressive Direct Holdings, Inc.....          | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
| 0155       | Progressive Insurance Group | 21735..           | 36-3789786.. |              |     |   | Progressive Premier Insurance Company of Illinois..... | OH.....              | IA.....                          | Progressive Direct Holdings, Inc.....          | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
| 0155       | Progressive Insurance Group | 10192..           | 59-3213815.. |              |     |   | Progressive Select Insurance Company.....              | OH.....              | IA.....                          | Progressive Direct Holdings, Inc.....          | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|            |                             | 00000..           | 34-1804869.. |              |     |   | Progressive Advantage Agency, Inc.....                 | OH.....              | NIA.....                         | Progressive Direct Holdings, Inc.....          | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
| 0155       | Progressive Insurance Group | 21727..           | 36-3789787.. |              |     |   | Progressive Universal Insurance Company.....           | WI.....              | IA.....                          | Progressive Direct Holdings, Inc.....          | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
| 0155       | Progressive Insurance Group | 16816..           | 84-4920049.. |              |     |   | Progressive Life Insurance Company.....                | OH.....              | IA.....                          | The Progressive Corporation.....               | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|            |                             | 00000..           | 99-0311966.. |              |     |   | Garden Sun Insurance Services, Inc.....                | HI.....              | NIA.....                         | The Progressive Corporation.....               | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|            |                             | 00000..           | 95-2706008.. |              |     |   | Pacific Motor Club.....                                | CA.....              | NIA.....                         | The Progressive Corporation.....               | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|            |                             | 00000..           | 11-3203413.. |              |     |   | PROGNY Agency, Inc.....                                | NY.....              | NIA.....                         | The Progressive Corporation.....               | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|            |                             | 00000..           | 34-1574447.. |              |     |   | Progressive Adjusting Company, Inc.....                | OH.....              | NIA.....                         | The Progressive Corporation.....               | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|            |                             | 00000..           | 13-3673368.. |              |     |   | Progressive Capital Management Corp.....               | NY.....              | NIA.....                         | The Progressive Corporation.....               | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|            |                             | 00000..           | 34-1378861.. |              |     |   | Progressive Investment Company, Inc.....               | DE.....              | NIA.....                         | The Progressive Corporation.....               | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|            |                             | 00000..           | 34-6530101.. |              |     |   | Progressive Premium Budget, Inc.....                   | OH.....              | NIA.....                         | The Progressive Corporation.....               | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|            |                             | 00000..           | 34-1574448.. |              |     |   | Progressive RSC, Inc.....                              | OH.....              | NIA.....                         | The Progressive Corporation.....               | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|            |                             | 00000..           | 84-3633213.. |              |     |   | 358 Ventures, Inc.....                                 | OH.....              | NIA.....                         | The Progressive Corporation.....               | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|            |                             | 00000..           | 20-2702408.. |              |     |   | Progressive Vehicle Service Company.....               | OH.....              | NIA.....                         | The Progressive Corporation.....               | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|            |                             | 00000..           | 51-0295493.. |              |     |   | Village Transport Corp.....                            | DE.....              | NIA.....                         | The Progressive Corporation.....               | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|            |                             | 00000..           | 34-1324270.. |              |     |   | Wilson Mills Land Co.....                              | OH.....              | NIA.....                         | The Progressive Corporation.....               | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3.....    |
|            |                             | 00000..           | 59-3491541.. |              |     |   | ARX Holding Corp.....                                  | DE.....              | NIA.....                         | The Progressive Corporation.....               | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3, 4....  |
| 0155       | Progressive Insurance Group | 11072..           | 56-2512990.. |              |     |   | ASI Home Insurance Corp.....                           | FL.....              | IA.....                          | ARX Holding Corp.....                          | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3, 4....  |
| 0155       | Progressive Insurance Group | 13142..           | 26-1996532.. |              |     |   | ASI Preferred Insurance Corp.....                      | FL.....              | IA.....                          | American Strategic Insurance Corp.....         | Ownership.....  | ....40.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3, 4....  |
| 0155       | Progressive Insurance Group | 13142..           | 26-1996532.. |              |     |   | ASI Preferred Insurance Corp.....                      | FL.....              | IA.....                          | ARX Holding Corp.....                          | Ownership.....  | ....60.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3, 4....  |
| 0155       | Progressive Insurance Group | 10872..           | 59-3459912.. |              |     |   | American Strategic Insurance Corp.....                 | FL.....              | IA.....                          | ARX Holding Corp.....                          | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3, 4....  |
| 0155       | Progressive Insurance Group | 11059..           | 75-2904629.. |              |     |   | ASI Lloyds.....  | TX.....              | IA.....                          | ASI Lloyds, Inc.....                           | Management.....   | .....                                      | The Progressive Corporation.....           | .....N.....                      | 1, 3, 4, 5.. |

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| 1          | 2                           | 3                 | 4            | 5            | 6     | 7   | 8  | 9                    | 10                               | 11   | 12  | 13   | 14   | 15                               | 16          |
|------------|-----------------------------|-------------------|--------------|--------------|-------|---|--|----------------------|----------------------------------|--|---|--|--|----------------------------------|-------------|
| Group Code | Group Name                  | NAIC Company Code | ID Number    | Federal RSSD | CIK   | Name of Securities Exchange if Publicly Traded (U.S. or nternational) | Names of Parent, Subsidiaries or Affiliates  | Domiciliary Location | Relationship to Reporting Entity | Directly Controlled by (Name of Entity/Person) | Type of Control (Ownership Board, Management, Attorney-in-Fact, Influence, Other) | If Control is Ownership Provide Percentage | Ultimate Controlling Entity(ies)/Person(s) | Is an SCA Filing Required? (Y/N) | *           |
| 0155       | Progressive Insurance Group | 12196...          | 20-1284676.. | .....        | ..... | .....   | ASI Assurance Corp.....                      | FL.....              | IA.....                          | ARX Holding Corp.....                          | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3, 4.... |
| 0155       | Progressive Insurance Group | 14042...          | 27-3421622.. | .....        | ..... | .....   | ASI Select Insurance Corp.....               | DE.....              | IA.....                          | ARX Holding Corp.....                          | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3, 4.... |
| .....      | .....                       | 00000...          | 59-3538810.. | .....        | ..... | .....   | ASI Services Inc.....                        | FL.....              | NIA.....                         | ARX Holding Corp.....                          | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3, 4.... |
| .....      | .....                       | 00000...          | 59-3621835.. | .....        | ..... | .....   | ASI Lloyds, Inc.....                         | TX.....              | NIA.....                         | ARX Holding Corp.....                          | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3, 4.... |
| .....      | .....                       | 00000...          | 59-3720125.. | .....        | ..... | .....   | ASI Underwriters of Texas, Inc.....          | TX.....              | NIA.....                         | ARX Holding Corp.....                          | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3, 4.... |
| .....      | .....                       | 00000...          | 11-3644072.. | .....        | ..... | .....   | Sunshine Security Insurance Agency, Inc..... | FL.....              | NIA.....                         | ARX Holding Corp.....                          | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3, 4.... |
| .....      | .....                       | 00000...          | 59-3602626.. | .....        | ..... | .....   | ASI Underwriters Corp.....                   | FL.....              | NIA.....                         | ARX Holding Corp.....                          | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3, 4.... |
| .....      | .....                       | 00000...          | 01-0765428.. | .....        | ..... | .....   | e-Ins, LLC.....                              | FL.....              | NIA.....                         | ASI Underwriters Corp.....                     | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3, 4.... |
| 0155       | Progressive Insurance Group | 13038...          | 26-1142659.. | .....        | ..... | .....   | Progressive Property Insurance Company.....  | FL.....              | IA.....                          | ARX Holding Corp.....                          | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3, 4.... |
| 0155       | Progressive Insurance Group | 16140...          | 81-1112584.. | .....        | ..... | .....   | ASI Select Auto Insurance Corp.....          | CA.....              | IA.....                          | ARX Holding Corp.....                          | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3, 4.... |
| .....      | .....                       | 00000...          | 26-0325360.. | .....        | ..... | .....   | Ark Royal Underwriters, LLC.....             | FL.....              | NIA.....                         | ARX Holding Corp.....                          | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3, 4.... |
| .....      | .....                       | 00000...          | 47-4504370.. | .....        | ..... | .....   | PropertyPlus Insurance Agency, Inc.....      | DE.....              | NIA.....                         | ARX Holding Corp.....                          | Ownership.....  | ...100.000                                 | The Progressive Corporation.....           | .....N.....                      | 1, 3, 4.... |

Q12.2

| Aster | Explanation  |
|-------|--|
| 1     | Schedule Y Part 1A is a common schedule for all companies of The Progressive Corporation, however column 10 requires specific relationship information relative to the reporting entity. |
| 2     | Progressive County Mutual Insurance Company is a Texas county mutual insurance company that is managed, but not owned by Progressive Casualty Insurance Company.                         |
| 3     | None of the companies that are part of The Progressive Corporation are Federally chartered or insured institutions and therefore, do not have Federal RSSD numbers.                      |
| 4     | Effective April 1, 2020, The Progressive Corporation purchased 100% ownership in the ARX Holding Corp.   |
| 5     | ASI Lloyds is a Texas Lloyds insurance company that is managed, but not owned by ASI Lloyds, Inc.  |
| 6     | Effective June 1, 2021 The Progressive Corporation purchased 100% ownership in the Protective Insurance Corporation.   |

PROGRESSIVE COMMERCIAL CASUALTY COMPANY  
PART 1 - LOSS EXPERIENCE

| Lines of Business  | Current Year to Date           |                                |                                | Prior Year to Date<br>Direct Loss<br>Percentage |
|--|--------------------------------|--------------------------------|--------------------------------|---|
|  | 1<br>Direct Premiums<br>Earned | 2<br>Direct Losses<br>Incurred | 3<br>Direct<br>Loss Percentage |   |
| 1. Fire.....   |                                |                                | 0.000                          |   |
| 2. Allied lines.....   |                                |                                | 0.000                          |   |
| 3. Farmowners multiple peril.....                            |                                |                                | 0.000                          |   |
| 4. Homeowners multiple peril.....                            |                                |                                | 0.000                          |   |
| 5. Commercial multiple peril.....                            |                                |                                | 0.000                          |   |
| 6. Mortgage guaranty.....                                    |                                |                                | 0.000                          |   |
| 8. Ocean marine.....   |                                |                                | 0.000                          |   |
| 9. Inland marine.....  |                                |                                | 0.000                          |   |
| 10. Financial guaranty.....                                  |                                |                                | 0.000                          |   |
| 11.1. Medical professional liability - occurrence.....       |                                |                                | 0.000                          |   |
| 11.2. Medical professional liability - claims-made.....      |                                |                                | 0.000                          |   |
| 12. Earthquake.....  |                                |                                | 0.000                          |   |
| 13. Group accident and health.....                           |                                |                                | 0.000                          |   |
| 14. Credit accident and health.....                          |                                |                                | 0.000                          |   |
| 15. Other accident and health.....                           |                                |                                | 0.000                          |   |
| 16. Workers' compensation.....                               |                                |                                | 0.000                          |   |
| 17.1 Other liability-occurrence.....                         |                                |                                | 0.000                          |   |
| 17.2 Other liability-claims made.....                        |                                |                                | 0.000                          |   |
| 17.3 Excess workers' compensation.....                       |                                |                                | 0.000                          |   |
| 18.1 Products liability-occurrence.....                      |                                |                                | 0.000                          |   |
| 18.2 Products liability-claims made.....                     |                                |                                | 0.000                          |   |
| 19.1, 19.2 Private passenger auto liability.....             |                                |                                | 0.000                          |   |
| 19.3, 19.4 Commercial auto liability.....                    |                                |                                | 0.000                          |   |
| 21. Auto physical damage.....                                |                                |                                | 0.000                          |   |
| 22. Aircraft (all perils).....                               |                                |                                | 0.000                          |   |
| 23. Fidelity.....  |                                |                                | 0.000                          |   |
| 24. Surety.....  |                                |                                | 0.000                          |   |
| 26. Burglary and theft.....                                  |                                |                                | 0.000                          |   |
| 27. Boiler and machinery.....                                |                                |                                | 0.000                          |   |
| 28. Credit.....  |                                |                                | 0.000                          |   |
| 29. International.....                                       |                                |                                | 0.000                          |   |
| 30. Warranty.....  |                                |                                | 0.000                          |   |
| 31. Reinsurance-nonproportional assumed property.....        | XXX                            | XXX                            | XXX                            | XXX   |
| 32. Reinsurance-nonproportional assumed liability.....       | XXX                            | XXX                            | XXX                            | XXX   |
| 33. Reinsurance-nonproportional assumed financial lines..... | XXX                            | XXX                            | XXX                            | XXX   |
| 34. Aggregate write-ins for other lines of business.....     | 0                              | 0                              | 0.000                          |   |
| 35. Totals.....  | 0                              | 0                              | 0.000                          |   |

NONE

| DETAILS OF WRITE-INS   |   |   |       |     |
|--|---|---|-------|-----|
| 3401. ....   |   |   | 0.000 |     |
| 3402. ....   |   |   | 0.000 |     |
| 3403. ....   |   |   | 0.000 |     |
| 3498 Sum. of remaining write-ins for Line 34 from overflow page..... | 0 | 0 | 0.000 | XXX |
| 3499 Totals (Lines 3401 thru 3403 plus 3498) (Line 34).....          | 0 | 0 | 0.000 |     |

PART 2 - DIRECT PREMIUMS WRITTEN

| Lines of Business  | 1<br>Current<br>Quarter | 2<br>Current<br>Year to Date | 3<br>Prior Year<br>Year to Date |
|--|-------------------------|------------------------------|---------------------------------|
|  |                         |                              |                                 |
| 1. Fire.....   |                         |                              |                                 |
| 2. Allied lines.....   |                         |                              |                                 |
| 3. Farmowners multiple peril.....                            |                         |                              |                                 |
| 4. Homeowners multiple peril.....                            |                         |                              |                                 |
| 5. Commercial multiple peril.....                            |                         |                              |                                 |
| 6. Mortgage guaranty.....                                    |                         |                              |                                 |
| 8. Ocean marine.....   |                         |                              |                                 |
| 9. Inland marine.....  |                         |                              |                                 |
| 10. Financial guaranty.....                                  |                         |                              |                                 |
| 11.1 Medical professional liability - occurrence.....        |                         |                              |                                 |
| 11.2 Medical professional liability - claims made.....       |                         |                              |                                 |
| 12. Earthquake.....  |                         |                              |                                 |
| 13. Group accident and health.....                           |                         |                              |                                 |
| 14. Credit accident and health.....                          |                         |                              |                                 |
| 15. Other accident and health.....                           |                         |                              |                                 |
| 16. Workers' compensation.....                               |                         |                              |                                 |
| 17.1 Other liability-occurrence.....                         |                         |                              |                                 |
| 17.2 Other liability-claims made.....                        |                         |                              |                                 |
| 17.3 Excess workers' compensation.....                       |                         |                              |                                 |
| 18.1 Products liability-occurrence.....                      |                         |                              |                                 |
| 18.2 Products liability-claims made.....                     |                         |                              |                                 |
| 19.1 19.2 Private passenger auto liability.....              |                         |                              |                                 |
| 19.3 19.4 Commercial auto liability.....                     |                         |                              |                                 |
| 21. Auto physical damage.....                                |                         |                              |                                 |
| 22. Aircraft (all perils).....                               |                         |                              |                                 |
| 23. Fidelity.....  |                         |                              |                                 |
| 24. Surety.....  |                         |                              |                                 |
| 26. Burglary and theft.....                                  |                         |                              |                                 |
| 27. Boiler and machinery.....                                |                         |                              |                                 |
| 28. Credit.....  |                         |                              |                                 |
| 29. International.....                                       |                         |                              |                                 |
| 30. Warranty.....  |                         |                              |                                 |
| 31. Reinsurance-nonproportional assumed property.....        | XXX                     | XXX                          | XXX                             |
| 32. Reinsurance-nonproportional assumed liability.....       | XXX                     | XXX                          | XXX                             |
| 33. Reinsurance-nonproportional assumed financial lines..... | XXX                     | XXX                          | XXX                             |
| 34. Aggregate write-ins for other lines of business.....     | 0                       | 0                            | 0                               |
| 35. Totals.....  | 0                       | 0                            | 0                               |

NONE

| DETAILS OF WRITE-INS   |   |   |   |
|--|---|---|---|
| 3401. ....   |   |   |   |
| 3402. ....   |   |   |   |
| 3403. ....   |   |   |   |
| 3498 Sum. of remaining write-ins for Line 34 from overflow page..... | 0 | 0 | 0 |
| 3499 Totals (Lines 3401 thru 3403 plus 3498) (Line 34).....          | 0 | 0 | 0 |

**PART 3 (000 omitted)**

**LOSS AND LOSS ADJUSTMENT EXPENSE RESERVES SCHEDULE**

Q14

|  | 1   | 2   | 3  | 4  | 5  | 6  | 7   | 8  | 9                                    | 10   | 11  | 12  | 13   |  |  |  |  |  |  |                           |              |              |
|--|---|---|--|--|--|--|---|--|--------------------------------------|--|---|---|--|--|--|--|--|--|--|---------------------------|--------------|--------------|
| Years in Which Losses Occurred                       | Prior Year-End Known Case Loss and LAE Reserves | Prior Year-End IBNR Loss and LAE Reserves | Total Prior Year-End Loss and LAE Reserves (Cols. 1 + 2) | 2021 Loss and LAE Payments on Claims Reported as of Prior Year-End | 2021 Loss and LAE Payments on Claims Unreported as of Prior Year-End | Total 2021 Loss and LAE Payments (Cols. 4 + 5) | Q.S. Date Known Case Loss and LAE Reserves on Claims Reported and Open as of Prior Year-End | Q.S. Date Known Case Loss and LAE Reserves on Claims Reported or Reopened Subsequent to Prior Year-End | Q.S. Date IBNR Loss and LAE Reserves | Total Q.S. Loss and LAE Reserves (Cols. 7 + 8 + 9) | Prior Year-End Known Case Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 4 + 7 minus Col. 1) | Prior Year-End IBNR Loss and LAE Reserves Developed (Savings)/Deficiency (Cols. 5 + 8 + 9 minus Col. 2) | Prior Year-End Total Loss and LAE Reserve Developed (Savings)/Deficiency (Cols. 11 + 12) |  |  |  |  |  |  |                           |              |              |
| 1. 2018 + Prior.....                                 |   |   | .....0   |  |  | .....0   |   |  |                                      | .....0   | .....0  | .....0  | .....0   |  |  |  |  |  |  |                           |              |              |
| 2. 2019.....   |   |   | .....0   |  |  | .....0   |   |  |                                      | .....0   | .....0  | .....0  | .....0   |  |  |  |  |  |  |                           |              |              |
| 3. Subtotals 2019 + Prior.....                       | .....0  | .....0                                    | .....0   | .....0   | .....0   | .....0   | .....0  | .....0   | .....0                               | .....0   | .....0  | .....0  | .....0   |  |  |  |  |  |  |                           |              |              |
| 4. 2020.....   |   |   | .....0   |  |  | .....0   |   |  |                                      | .....0   | .....0  | .....0  | .....0   |  |  |  |  |  |  |                           |              |              |
| 5. Subtotals 2020 + Prior.....                       | .....0  | .....0                                    | .....0   | .....0   | .....0   | .....0   | .....0  | .....0   | .....0                               | .....0   | .....0  | .....0  | .....0   |  |  |  |  |  |  |                           |              |              |
| 6. 2021.....   | .....XXX.....                                   | .....XXX.....                             | .....XXX.....  | .....XXX.....  |  | .....0   | .....XXX.....   |  |                                      | .....0   | .....XXX.....   | .....XXX.....   | .....XXX.....  |  |  |  |  |  |  |                           |              |              |
| 7. Totals.....                                       | .....0  | .....0                                    | .....0   | .....0   | .....0   | .....0   | .....0  | .....0   | .....0                               | .....0   | .....0  | .....0  | .....0   |  |  |  |  |  |  |                           |              |              |
| 8. Prior Year-End's Surplus As Regards Policyholders | .....8,549                                      |   |  |  |  |  |   |  |                                      |  | Col. 11, Line 7<br>As % of Col. 1,<br>Line 7  | Col. 12, Line 7<br>As % of Col. 2,<br>Line 7  | Col. 13, Line 7<br>As % of Col. 3,<br>Line 7   |  |  |  |  |  |  |                           |              |              |
|  |   |   |  |  |  |  |   |  |                                      |  |   |   |  |  |  |  |  |  |  | 1. ....0.0 %              | 2. ....0.0 % | 3. ....0.0 % |
|  |   |   |  |  |  |  |   |  |                                      |  |   |   |  |  |  |  |  |  |  |                           |              |              |
|  |   |   |  |  |  |  |   |  |                                      |  |   |   |  |  |  |  |  |  |  | Col. 13, Line 7<br>Line 8 |              |              |
|  |   |   |  |  |  |  |   |  |                                      |  |   |   |  |  |  |  |  |  |  | 4. ....0.0 %              |              |              |

PROGRESSIVE COMMERCIAL CASUALTY COMPANY

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

|  | Response      |
|--|---------------|
| 1. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC with this statement?                         | <div>NO</div> |
| 2. Will Supplement A to Schedule T (Medical Professional Liability Supplement) be filed with this statement?                         | <div>NO</div> |
| 3. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?                | <div>NO</div> |
| 4. Will the Director and Officer Insurance Coverage Supplement be filed with the state of domicile and the NAIC with this statement? | <div>NO</div> |

Explanation:

1.

The data for this supplement is not required to be filed.
2.

The data for this supplement is not required to be filed.
3.

The data for this supplement is not required to be filed.
4.

The data for this supplement is not required to be filed.

Bar Code:



**PROGRESSIVE COMMERCIAL CASUALTY COMPANY**  
**Overflow Page for Write-Ins**

**NONE**



PROGRESSIVE COMMERCIAL CASUALTY COMPANY  
SCHEDULE A - VERIFICATION

Real Estate

|   | 1            | 2                               |
|---|--------------|---------------------------------|
|   | Year to Date | Prior Year Ended<br>December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year.....                       | 0            |                                 |
| 2. Cost of acquired:  |              |                                 |
| 2.1 Actual cost at time of acquisition.....   |              |                                 |
| 2.2 Additional investment made after acquisition.....                                 |              |                                 |
| 3. Current year change in encumbrances.....   |              |                                 |
| 4. Total gain (loss) on disposals.....  |              |                                 |
| 5. Deduct amounts received on disposals.....  |              |                                 |
| 6. Total foreign exchange change in book/adjusted carrying value.....                 |              |                                 |
| 7. Deduct current year's other-than-temporary impairment recognized.....              |              |                                 |
| 8. Deduct current year's depreciation.....  |              |                                 |
| 9. Book/adjusted carrying value at end of current period (Lines 1+2+3+4-5+6-7-8)..... | 0            | 0                               |
| 10. Deduct total nonadmitted amounts.....   |              |                                 |
| 11. Statement value at end of current period (Line 9 minus Line 10).....              | 0            | 0                               |

SCHEDULE B - VERIFICATION

Mortgage Loans

|  | 1            | 2                               |
|--|--------------|---------------------------------|
|  | Year to Date | Prior Year Ended<br>December 31 |
| 1. Book value/recorded investment excluding accrued interest, December 31 of prior year.....                             | 0            |                                 |
| 2. Cost of acquired:   |              |                                 |
| 2.1 Actual cost at time of acquisition.....  |              |                                 |
| 2.2 Additional investment made after acquisition.....  |              |                                 |
| 3. Capitalized deferred interest and other.....  |              |                                 |
| 4. Accrual of discount.....  |              |                                 |
| 5. Unrealized valuation increase (decrease).....   |              |                                 |
| 6. Total gain (loss) on disposals.....   |              |                                 |
| 7. Deduct amounts received on disposals.....   |              |                                 |
| 8. Deduct amortization of premium and mortgage interest points and commitment fees.....                                  |              |                                 |
| 9. Total foreign exchange change in book value/recorded investment excluding accrued interest.....                       |              |                                 |
| 10. Deduct current year's other-than-temporary impairment recognized.....  |              |                                 |
| 11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)..... | 0            | 0                               |
| 12. Total valuation allowance.....   |              |                                 |
| 13. Subtotal (Line 11 plus Line 12).....   | 0            | 0                               |
| 14. Deduct total nonadmitted amounts.....  |              |                                 |
| 15. Statement value at end of current period (Line 13 minus Line 14).....  | 0            | 0                               |

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

|   | 1            | 2                               |
|---|--------------|---------------------------------|
|   | Year to Date | Prior Year Ended<br>December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year.....                             | 0            |                                 |
| 2. Cost of acquired:  |              |                                 |
| 2.1 Actual cost at time of acquisition.....   |              |                                 |
| 2.2 Additional investment made after acquisition.....                                       |              |                                 |
| 3. Capitalized deferred interest and other.....   |              |                                 |
| 4. Accrual of discount.....   |              |                                 |
| 5. Unrealized valuation increase (decrease).....  |              |                                 |
| 6. Total gain (loss) on disposals.....  |              |                                 |
| 7. Deduct amounts received on disposals.....  |              |                                 |
| 8. Deduct amortization of premium and depreciation.....                                     |              |                                 |
| 9. Total foreign exchange change in book/adjusted carrying value.....                       |              |                                 |
| 10. Deduct current year's other-than-temporary impairment recognized.....                   |              |                                 |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)..... | 0            | 0                               |
| 12. Deduct total nonadmitted amounts.....   |              |                                 |
| 13. Statement value at end of current period (Line 11 minus Line 12).....                   | 0            | 0                               |

SCHEDULE D - VERIFICATION

Bonds and Stocks

|  | 1            | 2                               |
|--|--------------|---------------------------------|
|  | Year to Date | Prior Year Ended<br>December 31 |
| 1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year.....                      | 8,550,389    | 8,289,137                       |
| 2. Cost of bonds and stocks acquired.....  | 299,473      | 700,910                         |
| 3. Accrual of discount.....  | 1,523        | 2,911                           |
| 4. Unrealized valuation increase (decrease).....   |              |                                 |
| 5. Total gain (loss) on disposals.....   | (324)        | (1,649)                         |
| 6. Deduct consideration for bonds and stocks disposed of.....  | 299,297      | 399,625                         |
| 7. Deduct amortization of premium.....   | 20,773       | 41,295                          |
| 8. Total foreign exchange change in book/adjusted carrying value.....                                    |              |                                 |
| 9. Deduct current year's other-than-temporary impairment recognized.....                                 |              |                                 |
| 10. Total investment income recognized as a result of prepayment penalties and/or acceleration fees..... |              |                                 |
| 11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9+10).....              | 8,530,991    | 8,550,389                       |
| 12. Deduct total nonadmitted amounts.....  |              |                                 |
| 13. Statement value at end of current period (Line 11 minus Line 12).....                                | 8,530,991    | 8,550,389                       |

**SCHEDULE D - PART 1B**

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by NAIC Designation

| NAIC Designation |                                      | 1<br>Book/Adjusted Carrying<br>Value Beginning<br>of Current Quarter | 2<br>Acquisitions<br>During<br>Current Quarter | 3<br>Dispositions<br>During<br>Current Quarter | 4<br>Non-Trading Activity<br>During<br>Current Quarter | 5<br>Book/Adjusted Carrying<br>Value End of<br>First Quarter | 6<br>Book/Adjusted Carrying<br>Value End of<br>Second Quarter | 7<br>Book/Adjusted Carrying<br>Value End of<br>Third Quarter | 8<br>Book/Adjusted Carrying<br>Value December 31<br>Prior Year |
|------------------|--------------------------------------|--|--|--|--|--|---|--|--|
| BONDS            |                                      |  |  |  |  |  |   |  |  |
| 1.               | NAIC 1 (a).....                      | 8,540,737  |  |  | (9,746)  | 8,540,737  | 8,530,991   |  | 8,550,389  |
| 2.               | NAIC 2 (a).....                      |  |  |  |  |  | 0   |  |  |
| 3.               | NAIC 3 (a).....                      |  |  |  |  |  | 0   |  |  |
| 4.               | NAIC 4 (a).....                      |  |  |  |  |  | 0   |  |  |
| 5.               | NAIC 5 (a).....                      |  |  |  |  |  | 0   |  |  |
| 6.               | NAIC 6 (a).....                      |  |  |  |  |  | 0   |  |  |
| 7.               | Total Bonds.....                     | 8,540,737  | 0  | 0  | (9,746)  | 8,540,737  | 8,530,991   | 0  | 8,550,389  |
| PREFERRED STOCK  |                                      |  |  |  |  |  |   |  |  |
| 8.               | NAIC 1.....                          |  |  |  |  |  | 0   |  |  |
| 9.               | NAIC 2.....                          |  |  |  |  |  | 0   |  |  |
| 10.              | NAIC 3.....                          |  |  |  |  |  | 0   |  |  |
| 11.              | NAIC 4.....                          |  |  |  |  |  | 0   |  |  |
| 12.              | NAIC 5.....                          |  |  |  |  |  | 0   |  |  |
| 13.              | NAIC 6.....                          |  |  |  |  |  | 0   |  |  |
| 14.              | Total Preferred Stock.....           | 0  | 0  | 0  | 0  | 0  | 0   | 0  | 0  |
| 15.              | Total Bonds and Preferred Stock..... | 8,540,737  | 0  | 0  | (9,746)  | 8,540,737  | 8,530,991   | 0  | 8,550,389  |

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of short-term and cash equivalent bonds by NAIC designation:

NAIC 1 \$.....0; NAIC 2 \$.....0; NAIC 3 \$.....0; NAIC 4 \$.....0; NAIC 5 \$.....0; NAIC 6 \$.....0.

Sch. DA - Pt. 1  
NONE

Sch. DA - Verification  
NONE

Sch. DB - Pt. A - Verification  
NONE

Sch. DB - Pt. B - Verification  
NONE

Sch. DB - Pt. C - Sn. 1  
NONE

Sch. DB - Pt. C - Sn. 2  
NONE

Sch. DB - Verification  
NONE

PROGRESSIVE COMMERCIAL CASUALTY COMPANY  
SCHEDULE E - PART 2 - VERIFICATION

Cash Equivalents

|  | 1            | 2                               |
|--|--------------|---------------------------------|
|  | Year To Date | Prior Year Ended<br>December 31 |
| 1. Book/adjusted carrying value, December 31 of prior year.....                          | .....0       | .....                           |
| 2. Cost of cash equivalents acquired.....  | .....        | .....299,956                    |
| 3. Accrual of discount.....  | .....        | .....44                         |
| 4. Unrealized valuation increase (decrease).....   | .....        | .....                           |
| 5. Total gain (loss) on disposals.....   | .....        | .....                           |
| 6. Deduct consideration received on disposals.....                                       | .....        | .....300,000                    |
| 7. Deduct amortization of premium.....   | .....        | .....                           |
| 8. Total foreign exchange change in book/ adjusted carrying value.....                   | .....        | .....                           |
| 9. Deduct current year's other-than-temporary impairment recognized.....                 | .....        | .....                           |
| 10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)..... | .....0       | .....0                          |
| 11. Deduct total nonadmitted amounts.....  | .....        | .....                           |
| 12. Statement value at end of current period (Line 10 minus Line 11).....                | .....0       | .....0                          |

Sch. A Pt. 2  
NONE

Sch. A Pt. 3  
NONE

Sch. B - Pt. 2  
NONE

Sch. B - Pt. 3  
NONE

Sch. BA - Pt. 2  
NONE

Sch. BA - Pt. 3  
NONE

Sch. D - Pt. 3  
NONE

Sch. D - Pt. 4  
NONE

Sch. DB - Pt. A - Sn. 1  
NONE

Sch. DB - Pt. B - Sn. 1  
NONE

Sch. DB - Pt. D - Sn. 1  
NONE

Sch. DB - Pt. D - Sn. 2  
NONE

Sch. DB - Pt. E  
NONE

Sch. DL - Pt. 1  
NONE

Sch. DL - Pt. 2  
NONE

PROGRESSIVE COMMERCIAL CASUALTY COMPANY  
SCHEDULE E - PART 1 - CASH

Month End Depository Balances

| 1                                     | 2    | 3                | 4  | 5  | Book Balance at End of Each Month During Current Quarter |              |             | 9   |
|---------------------------------------|------|------------------|--|--|--|--------------|-------------|-----|
|                                       |      |                  |  |  | 6  | 7            | 8           |     |
| Depository                            | Code | Rate of Interest | Amount of Interest Received During Current Quarter | Amount or Interest Accrued at Current Statement Date | First Month  | Second Month | Third Month | *   |
| Open Depositories                     |      |                  |  |  |  |              |             |     |
| CITIBANK..... NEW YORK, NY.....       |      |                  |  |  |  |              |             | XXX |
| 0199999. Total Open Depositories..... | XXX  | XXX              | .....0   | .....0   | .....0   | .....0       | .....0      | XXX |
| 0399999. Total Cash on Deposit.....   | XXX  | XXX              | .....0   | .....0   | .....0   | .....0       | .....0      | XXX |
| 0599999. Total Cash.....              | XXX  | XXX              | .....0   | .....0   | .....0   | .....0       | .....0      | XXX |

SCHEDULE E - PART 2 - CASH EQUIVALENTS

Show Investments Owned End of Current Quarter

| 1     | 2           | 3    | 4             | 5                | 6             | 7                            | 8                                | 9                           |
|-------|-------------|------|---------------|------------------|---------------|------------------------------|----------------------------------|-----------------------------|
| CUSIP | Description | Code | Date Acquired | Rate of Interest | Maturity Date | Book/Adjusted Carrying Value | Amount of Interest Due & Accrued | Amount Received During Year |

NONE