

1.) CORPORATION NAME:

PROTECTIVE INSURANCE COMPANY

DUE DATE: **5/31/2011**

SCC ID NO: **F0226797**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
THOMAS BELL
THE VIRGINIA BLDG
23 N CENTRAL AVE**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	765,000

STAUNTON, VA 24401

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

STAUNTON CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1099 NORTH MERIDIAN STREET

CITY/ST/ZIP: INDIANAPOLIS, IN 46204-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOSEPH J DEVITO	
TITLE:	CEO, COO & Pres	
ADDRESS:	1099 NORTH MERIDIAN STREET SUITE 700	
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46204-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GARY W. MILLER	
TITLE:	Exec Chairman	
ADDRESS:	1099 NORTH MERIDIAN STREET SUITE 700	
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46204-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	G PATRICK CORYDON	
TITLE:	Exec VP & CFO	
ADDRESS:	1099 NORTH MERIDIAN STREET SUITE 700	
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46204-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	MARK L. BONINI	
TITLE:	Executive VP	
ADDRESS:	1099 NORTH MERIDIAN STREET SUITE 700	
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46204-	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOM W THOMPSON VP & TREASURER 1099 NORTH MERIDIAN STREET SUITE 700 INDIANAPOLIS, IN 46204-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	W. DARYL OSBORNE VICE PRESIDENT 1099 NORTH MERIDIAN STREET SUITE 700 INDIANAPOLIS, IN 46204-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CRAIG COUGHLIN MORFAS SENIOR VP 1099 NORTH MERIDIAN STREET SUITE 700 INDIANAPOLIS, IN 46204-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RODGER ANTHONY COTTRELL VICE PRESIDENT 1099 NORTH MERIDIAN STREET SUITE 700 INDIANAPOLIS, IN 46204-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL JAMES CASE VP/GC/SECRETARY 1099 NORTH MERIDIAN STREET SUITE 700 INDIANAPOLIS, IN 46204-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID JOSEPH DUGAN VICE PRESIDENT 1099 NORTH MERIDIAN STREET SUITE 700 INDIANAPOLIS, IN 46204-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JENNIE LYNNE LAREAU VICE PRESIDENT 1099 NORTH MERIDIAN STREET SUITE 700 INDIANAPOLIS, IN 46204-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN EDWARD MITCHELL VICE PRESIDENT 1099 NORTH MERIDIAN STREET SUITE 700 INDIANAPOLIS, IN 46204-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES DENNIS ISHAM SENIOR VP 1099 NORTH MERIDIAN STREET SUITE 700 INDIANAPOLIS, IN 46204-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	HUGH J. CAMERON	
TITLE:	VICE PRESIDENT	
ADDRESS:	1099 NORTH MERIDIAN STREET	
	SUITE 700	
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46204-	

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ MICHAEL JAMES CASE</u>	<u>MICHAEL JAMES CASE,</u>	<u>4/6/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VP/GC/SECRETARY PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.