

1.) CORPORATION NAME:

PROTECTIVE INSURANCE COMPANY

DUE DATE: **5/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060**

SCC ID NO: **F0226797**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	765,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1099 NORTH MERIDIAN STREET
SUITE 700

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.

NAME:	MARK L. BONINI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXECUTIVE VP		
ADDRESS:	1099 NORTH MERIDIAN STREET SUITE 700		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46204		
NAME:	HUGH J. CAMERON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1099 NORTH MERIDIAN STREET SUITE 700		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46204		
NAME:	MICHAEL JAMES CASE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/GC/SECRETARY		
ADDRESS:	1099 NORTH MERIDIAN STREET SUITE 700		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46204		
NAME:	G PATRICK CORYDON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC VP & CFO		
ADDRESS:	1099 NORTH MERIDIAN STREET SUITE 700		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46204		
NAME:	RODGER ANTHONY COTTRELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1099 NORTH MERIDIAN STREET SUITE 700		
CITY/ST/ZIP/CO:	INDIANAPOLIS, IN 46204		

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:	JAMES DENNIS ISHAM 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:	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:	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:	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:	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:	JOSEPH J DEVITO CEO, COO & PRES 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:	GARY W. MILLER EXEC CHAIRMAN 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:	THOMAS THOMPSON VICE PRESIDENT 1099 NORTH MERIDIAN STREET SUITE 700 INDIANAPOLIS, IN 46204	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

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

NAME:	STACY RENZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1099 NORTH MERIDIAN STREET		
CITY/ST/ZIP/CO:	SUITE 700 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.

/s/ CRAIG COUGHLIN MORFAS	CRAIG COUGHLIN MORFAS,	4/13/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SENIOR VP 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.