

1.) CORPORATION NAME:

**PROTECTIVE INSURANCE COMPANY**

DUE DATE: **5/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0226797**

5.) STOCK INFORMATION

|       |            |
|-------|------------|
| CLASS | AUTHORIZED |
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IN**

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<br>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<br>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<br>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<br>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<br>SUITE 700 |   |  |
| CITY/ST/ZIP/CO: | INDIANAPOLIS, IN 46204                  |   |  |

|  |   |   |  |
|--|---|---|--|
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | DAVID JOSEPH DUGAN<br>VICE PRESIDENT<br>1099 NORTH MERIDIAN STREET<br>SUITE 700<br>INDIANAPOLIS, IN 46204   | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | JAMES DENNIS ISHAM<br>SENIOR VP<br>1099 NORTH MERIDIAN STREET<br>SUITE 700<br>INDIANAPOLIS, IN 46204        | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | JOHN EDWARD MITCHELL<br>VICE PRESIDENT<br>1099 NORTH MERIDIAN STREET<br>SUITE 700<br>INDIANAPOLIS, IN 46204 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | CRAIG COUGHLIN MORFAS<br>SENIOR VP<br>1099 NORTH MERIDIAN STREET<br>SUITE 700<br>INDIANAPOLIS, IN 46204     | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | W. DARYL OSBORNE<br>VICE PRESIDENT<br>1099 NORTH MERIDIAN STREET<br>SUITE 700<br>INDIANAPOLIS, IN 46204     | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | TOM W THOMPSON<br>VP & TREASURER<br>1099 NORTH MERIDIAN STREET<br>SUITE 700<br>INDIANAPOLIS, IN 46204       | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | STACY RENZ<br>VICE PRESIDENT<br>1099 NORTH MERIDIAN STREET<br>SUITE 700<br>INDIANAPOLIS, IN 46204           | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | THOMAS THOMPSON<br>VICE PRESIDENT<br>1099 NORTH MERIDIAN STREET<br>SUITE 700<br>INDIANAPOLIS, IN 46204      | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | MATTHEW THOMPSON<br>VICE PRESIDENT<br>1099 NORTH MERIDIAN STREET<br>SUITE 700<br>INDIANAPOLIS, IN 46204     | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO: | JOSEPH J DEVITO<br>CEO, COO & PRES<br>1099 NORTH MERIDIAN STREET<br>SUITE 700<br>INDIANAPOLIS, IN 46204     | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |

|                 |                            |   |  |
|-----------------|----------------------------|---|--|
| NAME:           | GARY W. MILLER             | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE:          | EXEC CHAIRMAN              |   |  |
| 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/ CRAIG COUGHLIN MORFAS</u>                    | <u>CRAIG COUGHLIN MORFAS,</u>                 | <u>4/8/2013</u> |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | SENIOR VP<br>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.