

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213563615

1.) CORPORATION NAME:

PROTECTIVE INSURANCE COMPANY

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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:

IN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 111 CONGRESSIONAL BLVD
SUITE 500

CITY/ST/ZIP: CARMEL, IN 46032

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:	111 CONGRESSIONAL BLVD SUITE 500		
CITY/ST/ZIP/CO:	CARMEL, IN 46032		

NAME:	HUGH J. CAMERON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	111 CONGRESSIONAL BLVD SUITE 500		
CITY/ST/ZIP/CO:	CARMEL, IN 46032		

NAME:	MICHAEL JAMES CASE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/GC/SECRETARY		
ADDRESS:	111 CONGRESSIONAL BLVD SUITE 500		
CITY/ST/ZIP/CO:	CARMEL, IN 46032		

NAME:	G PATRICK CORYDON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC VP & CFO		
ADDRESS:	111 CONGRESSIONAL BLVD SUITE 500		
CITY/ST/ZIP/CO:	CARMEL, IN 46032		

NAME:	RODGER ANTHONY COTTRELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	111 CONGRESSIONAL BLVD SUITE 500		
CITY/ST/ZIP/CO:	CARMEL, IN 46032		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID JOSEPH DUGAN VICE PRESIDENT 111 CONGRESSIONAL BLVD SUITE 500 CARMEL, IN 46032	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES DENNIS ISHAM SENIOR VP 111 CONGRESSIONAL BLVD SUITE 500 CARMEL, IN 46032	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN EDWARD MITCHELL VICE PRESIDENT 111 CONGRESSIONAL BLVD SUITE 500 CARMEL, IN 46032	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CRAIG COUGHLIN MORFAS SENIOR VP 111 CONGRESSIONAL BLVD SUITE 500 CARMEL, IN 46032	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	W. DARYL OSBORNE VICE PRESIDENT 111 CONGRESSIONAL BLVD SUITE 500 CARMEL, IN 46032	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOM W THOMPSON VP & TREASURER 111 CONGRESSIONAL BLVD SUITE 500 CARMEL, IN 46032	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STACY RENZ VICE PRESIDENT 111 CONGRESSIONAL BLVD SUITE 500 CARMEL, IN 46032	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS THOMPSON VICE PRESIDENT 111 CONGRESSIONAL BLVD SUITE 500 CARMEL, IN 46032	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW THOMPSON VICE PRESIDENT 111 CONGRESSIONAL BLVD SUITE 500 CARMEL, IN 46032	<input checked="" type="checkbox"/> OFFICER	<input 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:	GARY W. MILLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC CHAIRMAN		
ADDRESS:	111 CONGRESSIONAL BLVD		
CITY/ST/ZIP/CO:	SUITE 500 CARMEL, IN 46032		

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,	1/15/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SENIOR VP	DATE
	PRINTED NAME AND CORPORATE TITLE	

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.