

1.) CORPORATION NAME:

**PROGRESSIVE SPECIALTY INSURANCE COMPANY**

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0374993**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**OH**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6300 Wilson Mills Road

CITY/ST/ZIP: Mayfield Village, OH 44143

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:	David J. Skove	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/CHAIRMAN		
ADDRESS:	6300 Wilson Mills Road		
CITY/ST/ZIP/CO:	Mayfield Village, OH 44143		
NAME:	Peter J. Albert	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/Secretary		
ADDRESS:	6300 Wilson Mills Road		
CITY/ST/ZIP/CO:	Mayfield Village, OH 44143		
NAME:	Kathleen M Cerny	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	6300 WILSON MILLS ROAD		
CITY/ST/ZIP/CO:	MAYFIELD VILLAGE, OH 44143		
NAME:	Thomas A King	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	6300 WILSON MILLS ROAD		
CITY/ST/ZIP/CO:	MAYFIELD VILLAGE, OH 44143		
NAME:	Karen M. Barone	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6300 Wilson Mills Road		
CITY/ST/ZIP/CO:	Mayfield Village, OH 44143		
NAME:	Kathi Lemieux	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6300 Wilson Mills Road		
CITY/ST/ZIP/CO:	Mayfield Village, OH 44143		

NAME:	Mark Niehaus	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6300 Wilson Mills Road		
CITY/ST/ZIP/CO:	Mayfield Village, OH 44143		

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/ Kathleen M Cerny	Kathleen M Cerny, ASST	10/10/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.