

1.) CORPORATION NAME:

PROGRESSIVE SPECIALTY INSURANCE COMPANY

DUE DATE: **11/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID J. SKOVE		
TITLE: PRES/CHAIRMAN		
ADDRESS: 6300 WILSON MILLS ROAD		
CITY/ST/ZIP/CO: MAYFIELD VILLAGE, OH 44143		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: PETER J. ALBERT		
TITLE: VP/SECRETARY		
ADDRESS: 6300 WILSON MILLS ROAD		
CITY/ST/ZIP/CO: MAYFIELD VILLAGE, OH 44143		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: THOMAS A KING		
TITLE: TREASURER		
ADDRESS: 6300 WILSON MILLS ROAD		
CITY/ST/ZIP/CO: MAYFIELD VILLAGE, OH 44143		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KAREN A. KOSUDA		
TITLE: OTHER OFFICER		
ADDRESS: 6300 WILSON MILLS ROAD		
CITY/ST/ZIP/CO: MAYFIELD VILLAGE, OH 44143		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KAREN M. BARONE		
TITLE: DIRECTOR		
ADDRESS: 6300 WILSON MILLS ROAD		
CITY/ST/ZIP/CO: MAYFIELD VILLAGE, OH 44143		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MARK NIEHAUS		
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/ KAREN A. KOSUDA	KAREN A. KOSUDA ,	10/11/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.		