

1.) CORPORATION NAME:

DUE DATE: **12/31/2011**

PROGRESSIVE AMERICAN INSURANCE COMPANY

SCC ID NO: **F0377236**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4030 CRESCENT PARK DRIVE
BUILDING B

CITY/ST/ZIP: RIVERVIEW, FL 33569-

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: MARY B. ANDREANO
TITLE: VICE PRESIDENT
ADDRESS: 4030 CRESCENT PARK DRIVE
BUILDING B
CITY/ST/ZIP/CO: RIVERVIEW, FL 33569-

OFFICER

DIRECTOR

NAME: DAVID J. SKOVE
TITLE: PRESIDENT
ADDRESS: 4030 CRESCENT PARK DRIVE
BUILDING B
CITY/ST/ZIP/CO: RIVERVIEW, FL 33569-

OFFICER

DIRECTOR

NAME: KATHLEEN M. CERNY
TITLE: ASST SECRETARY
ADDRESS: 4030 CRESCENT PARK DRIVE
BUILDING B
CITY/ST/ZIP/CO: RIVERVIEW, FL 33569-

OFFICER

DIRECTOR

NAME: THOMAS A. KING
TITLE: TREASURER
ADDRESS: 4030 CRESCENT PARK DRIVE
BUILDING B
CITY/ST/ZIP/CO: RIVERVIEW, FL 33569-

OFFICER

DIRECTOR

NAME: DAVID L. PRATT TITLE: DIRECTOR ADDRESS: 4030 CRESCENT PARK DRIVE BUILDING B CITY/ST/ZIP/CO: RIVERVIEW, FL 33569-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: DANIEL P. MASCARO TITLE: DIRECTOR ADDRESS: 4030 CRESCENT PARK DRIVE BUILDING B CITY/ST/ZIP/CO: RIVERVIEW, FL 33569-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: KATHI LEMIEUX TITLE: DIRECTOR ADDRESS: 4030 CRESCENT PARK DRIVE BUILDING B CITY/ST/ZIP/CO: RIVERVIEW, FL 33569-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: KAREN A. BARONE TITLE: DIRECTOR ADDRESS: 4030 CRESCENT PARK DRIVE BUILDING B CITY/ST/ZIP/CO: RIVERVIEW, FL 33569-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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 SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KATHLEEN M. CERNY, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	12/12/2011 DATE
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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.