

SCC eFile

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212545985

1.) CORPORATION NAME:

PROGRESSIVE AMERICAN INSURANCE COMPANY

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

SCC ID NO: **F0377236**

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:	DAVID J. SKOVE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4030 CRESCENT PARK DRIVE BUILDING B		
CITY/ST/ZIP/CO:	RIVERVIEW, FL 33569		

NAME:	MARY B. ANDREANO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	4030 CRESCENT PARK DRIVE BUILDING B		
CITY/ST/ZIP/CO:	RIVERVIEW, FL 33569		

NAME:	KATHLEEN M. CERNY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	4030 CRESCENT PARK DRIVE BUILDING B		
CITY/ST/ZIP/CO:	RIVERVIEW, FL 33569		

NAME:	THOMAS A. KING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	4030 CRESCENT PARK DRIVE BUILDING B		
CITY/ST/ZIP/CO:	RIVERVIEW, FL 33569		

NAME:	KAREN A. BARONE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4030 CRESCENT PARK DRIVE BUILDING B		
CITY/ST/ZIP/CO:	RIVERVIEW, FL 33569		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHI LEMIEUX DIRECTOR 4030 CRESCENT PARK DRIVE BUILDING B RIVERVIEW, FL 33569	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANIEL P. MASCARO DIRECTOR 4030 CRESCENT PARK DRIVE BUILDING B RIVERVIEW, FL 33569	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID L. PRATT DIRECTOR 4030 CRESCENT PARK DRIVE BUILDING B RIVERVIEW, FL 33569	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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	11/29/2012 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.			