

1.) CORPORATION NAME:

Progressive Northwestern 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: **F1058637**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	40,000

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:	Mark Niehaus	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
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:	Thomas H. Hollyer	<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: David L. Pratt 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: Benjamin D Sheridan 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: David J. Skove TITLE: DIRECTOR ADDRESS: 6300 Wilson Mills Road CITY/ST/ZIP/CO: Mayfield Village, OH 44143	<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	10/11/2012 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.		