

1.) CORPORATION NAME:

Progressive Direct Insurance Company

DUE DATE: **1/31/2012**

SCC ID NO: **F1064114**

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	532

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: SCOTT W. ZIEGLER
TITLE: PRESIDENT
ADDRESS: 6300 WILSON MILLS ROAD
CITY/ST/ZIP/CO: MAYFIELD VILLAGE, OH 44143-

OFFICER

DIRECTOR

NAME: LORI NIEDERST
TITLE: VICE PRESIDENT
ADDRESS: 6300 WILSON MILLS ROAD
CITY/ST/ZIP/CO: MAYFIELD VILLAGE, OH 44143-

OFFICER

DIRECTOR

NAME: MICHAEL R. UTH
TITLE: SECRETARY
ADDRESS: 6300 WILSON MILLS ROAD
CITY/ST/ZIP/CO: MAYFIELD VILLAGE, OH 44143-

OFFICER

DIRECTOR

NAME: CLARK H. I. KHAYAT
TITLE: TREASURER
ADDRESS: 6300 WILSON MILLS ROAD
CITY/ST/ZIP/CO: MAYFIELD VILLAGE, OH 44143-

OFFICER

DIRECTOR

NAME: CHARLES E. JARRETT
TITLE: DIRECTOR
ADDRESS: 6300 WILSON MILLS ROAD
CITY/ST/ZIP/CO: MAYFIELD VILLAGE, OH 44143-

OFFICER

DIRECTOR

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

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BRIAN C. DOMECK	
TITLE:	DIRECTOR/VP	
ADDRESS:	6300 WILSON MILLS ROAD	
CITY/ST/ZIP/CO:	MAYFIELD VILLAGE, OH 44143-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CAROLINE M. KORAN	
TITLE:	DIRECTOR/ECM	
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:	ASST SECRETARY	
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.

<u>/s/ KAREN A. KOSUDA</u>	<u>KAREN A. KOSUDA, ASST</u>	<u>12/12/2011</u>
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.