

SCC eFile

**2013 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION**

213501080

1.) CORPORATION NAME:

Progressive Direct Insurance Company

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1064114**

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	<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:	Brian C. Domeck	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6300 Wilson Mills Road		
CITY/ST/ZIP/CO:	Mayfield Village, OH 44143		
NAME:	Lori Niederst	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	6300 Wilson Mills Road		
CITY/ST/ZIP/CO:	Mayfield Village, OH 44143		
NAME:	Michael R. Uth	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6300 Wilson Mills Road		
CITY/ST/ZIP/CO:	Mayfield Village, OH 44143		
NAME:	Karen A. Kosuda	<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:	Daniel Witalec	<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: Caroline M. Koran TITLE: EXEC. COM. MEM. ADDRESS: 6300 Wilson Mills Road CITY/ST/ZIP/CO: Mayfield Village, OH 44143	<input checked="" 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 type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Charles E. Jarrett 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/ Karen A. Kosuda SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Karen A. Kosuda, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	1/9/2013 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.				