

1.) CORPORATION NAME:

DUE DATE: **1/31/2014**

**Progressive Direct Insurance Company**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1064114**

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

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.

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| <p>NAME: SCOTT W. ZIEGLER<br/>TITLE: PRESIDENT<br/>ADDRESS: 6300 WILSON MILLS ROAD<br/>CITY/ST/ZIP/CO: MAYFIELD VILLAGE, OH 44143</p>        | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: BRIAN C. DOMECK<br/>TITLE: VICE PRESIDENT<br/>ADDRESS: 6300 WILSON MILLS ROAD<br/>CITY/ST/ZIP/CO: MAYFIELD VILLAGE, OH 44143</p>    | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: LORI NIEDERST<br/>TITLE: VICE PRESIDENT<br/>ADDRESS: 6300 WILSON MILLS ROAD<br/>CITY/ST/ZIP/CO: MAYFIELD VILLAGE, OH 44143</p>      | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| <p>NAME: DANIEL WITALEC<br/>TITLE: TREASURER<br/>ADDRESS: 6300 WILSON MILLS ROAD<br/>CITY/ST/ZIP/CO: MAYFIELD VILLAGE, OH 44143</p>          | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| <p>NAME: CAROLINE M. KORAN<br/>TITLE: EXEC. COM. MEM.<br/>ADDRESS: 6300 WILSON MILLS ROAD<br/>CITY/ST/ZIP/CO: MAYFIELD VILLAGE, OH 44143</p> | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| <p>NAME: KAREN A. KOSUDA<br/>TITLE: ASST SECRETARY<br/>ADDRESS: 6300 WILSON MILLS ROAD<br/>CITY/ST/ZIP/CO: MAYFIELD VILLAGE, OH 44143</p>    | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |

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| NAME: MICHAEL R. UTH<br>TITLE: SECRETARY<br>ADDRESS: 6300 WILSON MILLS ROAD<br>CITY/ST/ZIP/CO: MAYFIELD VILLAGE, OH 44143  | <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR |                    |
| NAME: STEVE BROZ<br>TITLE: DIRECTOR<br>ADDRESS: 6300 WILSON MILLS ROAD<br>CITY/ST/ZIP/CO: MAYFIELD VILLAGE, OH 44143   | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |                    |
| NAME: CHARLES E. JARRETT<br>TITLE: DIRECTOR<br>ADDRESS: 6300 WILSON MILLS ROAD<br>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<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT   | KAREN A. KOSUDA, ASST SECRETARY<br>PRINTED NAME AND CORPORATE TITLE           | 12/20/2013<br>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. |   |                    |