

1.) CORPORATION NAME:

**Progressive Gulf Insurance Company**

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

SCC ID NO: **F1064189**

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	150

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: KATHI LEMIEUX  
TITLE: PRESIDENT  
ADDRESS: 6300 WILSON MILLS ROAD  
CITY/ST/ZIP/CO: MAYFIELD VILLAGE, OH 44143-

OFFICER

DIRECTOR

NAME: PETER J. ALBERT  
TITLE: VP / SECRETARY  
ADDRESS: 6300 WILSON MILLS ROAD  
CITY/ST/ZIP/CO: MAYFIELD VILLAGE, OH 44143-

OFFICER

DIRECTOR

NAME: KATHLEEN M. CERNY  
TITLE: ASST SECRETARY  
ADDRESS: 6300 WILSON MILLS ROAD  
CITY/ST/ZIP/CO: MAYFIELD VILLAGE, OH 44143-

OFFICER

DIRECTOR

NAME: THOMAS A. KING  
TITLE: TREASURER  
ADDRESS: 6300 WILSON MILLS ROAD  
CITY/ST/ZIP/CO: MAYFIELD VILLAGE, OH 44143-

OFFICER

DIRECTOR

NAME: KAREN M. BARONE  
TITLE: DIRECTOR  
ADDRESS: 6300 WILSON MILLS ROAD  
CITY/ST/ZIP/CO: MAYFIELD VILLAGE, OH 44143-

OFFICER

DIRECTOR

NAME: THOMAS H. HOLLYER 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: DANIEL P. MASCARO 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 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	
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	12/12/2011 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.		