

1.) CORPORATION NAME:

Progressive Gulf 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: **F1064189**

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.

<p>NAME: Kathi Lemieux TITLE: PRESIDENT ADDRESS: 6300 Wilson Mills Road CITY/ST/ZIP/CO: Mayfield Village, OH 44143</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Peter J. Albert TITLE: VP / SECRETARY ADDRESS: 6300 Wilson Mills Road CITY/ST/ZIP/CO: Mayfield Village, OH 44143</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Kathleen M. Cerny TITLE: ASST SECRETARY ADDRESS: 6300 Wilson Mills Road CITY/ST/ZIP/CO: Mayfield Village, OH 44143</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Thomas A. King TITLE: TREASURER ADDRESS: 6300 Wilson Mills Road CITY/ST/ZIP/CO: Mayfield Village, OH 44143</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Karen M. Barone TITLE: DIRECTOR ADDRESS: 6300 Wilson Mills Road CITY/ST/ZIP/CO: Mayfield Village, OH 44143</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Thomas H. Hollyer TITLE: DIRECTOR ADDRESS: 6300 Wilson Mills Road CITY/ST/ZIP/CO: Mayfield Village, OH 44143</p>	<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
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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
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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	1/9/2013 DATE
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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.