

1.) CORPORATION NAME:

**Progressive Gulf Insurance Company**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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.

NAME:	KATHI LEMIEUX	<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:	PETER J. ALBERT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP / SECRETARY		
ADDRESS:	6300 WILSON MILLS ROAD		
CITY/ST/ZIP/CO:	MAYFIELD VILLAGE, OH 44143		
NAME:	THOMAS A. KING	<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:	KATHLEEN M. CERNY	<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:	KAREN M. BARONE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6300 WILSON MILLS ROAD		
CITY/ST/ZIP/CO:	MAYFIELD VILLAGE, OH 44143		
NAME:	THOMAS H. HOLLYER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6300 WILSON MILLS ROAD		
CITY/ST/ZIP/CO:	MAYFIELD VILLAGE, OH 44143		

NAME: DAVID L. PRATT  OFFICER  DIRECTOR  
TITLE: DIRECTOR  
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.

/s/ KATHLEEN M. CERNY	KATHLEEN M. CERNY, ASST	12/20/2013
_____ 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.