

1.) CORPORATION NAME:

PROGRESSIVE NORTHERN INSURANCE COMPANY

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1172263**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	300

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: c/o CT Corporation Systems
8025 Excelsior Drive, Suite 200

CITY/ST/ZIP: MADISON, WI 53717

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:	DANIEL P MASCARO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Pres&Chairman		
ADDRESS:	c/o CT Corporation Systems 8025 Excelsior Drive, Suite 200		
CITY/ST/ZIP/CO:	MADISON, WI 53717		

NAME:	PETER J ALBERT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	S\VP		
ADDRESS:	c/o CT Corporation Systems 8025 Excelsior Drive, Suite 200		
CITY/ST/ZIP/CO:	MADISON, WI 53717		

NAME:	MARY B ANDREANO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	c/o CT Corporation Systems 8025 Excelsior Drive, Suite 200		
CITY/ST/ZIP/CO:	MADISON, WI 53717		

NAME:	KATHLEEN M CERNY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	c/o CT Corporation Systems 8025 Excelsior Drive, Suite 200		
CITY/ST/ZIP/CO:	MADISON, WI 53717		

NAME:	THOMAS A KING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	c/o CT Corporation Systems 8025 Excelsior Drive, Suite 200		
CITY/ST/ZIP/CO:	MADISON, WI 53717		

NAME:	Karen M. Barone	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	c/o CT Corporation Systems		
CITY/ST/ZIP/CO:	8025 Excelsior Drive, Suite 200 Madison, WI 53717		

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.

<u>/s/ KATHLEEN M CERNY</u>	<u>KATHLEEN M CERNY, ASST</u>	<u>4/23/2012</u>
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.