

SCC eFile

**2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

213516631

1.) CORPORATION NAME:

**PROGRESSIVE NORTHERN INSURANCE COMPANY**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

DUE DATE: **4/30/2013**

SCC ID NO: **F1172263**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**WI**

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:	Richard R. Crawley	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRES/CHAIRMAN		
ADDRESS:	C/O CT CORPORATION SYSTEMS 8025 EXCELSIOR DRIVE, SUITE 200 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 8025 EXCELSIOR DRIVE, SUITE 200 MADISON, WI 53717		

NAME:	PETER J. ALBERT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/Secretary		
ADDRESS:	C/O CT CORPORATION SYSTEMS 8025 EXCELSIOR DRIVE, SUITE 200 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 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 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		

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>4/4/2013</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.