

SCC eFile

**2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION**

212514703

1.) CORPORATION NAME:

**PROGRESSIVE CLASSIC 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: **F1172784**

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.

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

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

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

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

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	THOMAS A KING		
TITLE:	TREASURER		
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> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>KATHLEEN M CERNY, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>4/23/2012</u> 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.