

1.) CORPORATION NAME: PROGRESSIVE SPECIALTY INSURANCE AGENCY, INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA	DUE DATE: 7/31/2014 SCC ID NO: F1222225 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>500</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	500
CLASS	AUTHORIZED				
COMMON	500				
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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Sanjay M. Vyas TITLE: PRESIDENT ADDRESS: 6300 WILSON MILLS ROAD CITY/ST/ZIP/CO: MAYFIELD VILLAGE, OH 44143		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TOBY K. ALFRED TITLE: VICE PRESIDENT ADDRESS: 6300 WILSON MILLS ROAD CITY/ST/ZIP/CO: MAYFIELD VILLAGE, OH 44143		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DANIEL J. WITALEC TITLE: TREASURER ADDRESS: 6300 WILSON MILLS ROAD CITY/ST/ZIP/CO: MAYFIELD VILLAGE, OH 44143		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KAREN A. KOSUDA TITLE: ASST SECRETARY ADDRESS: 6300 WILSON MILLS ROAD CITY/ST/ZIP/CO: MAYFIELD VILLAGE, OH 44143		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MICHAEL R. UTH TITLE: SECRETARY 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/ KAREN A. KOSUDA	KAREN A. KOSUDA, ASST SECRETARY	6/11/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.