

1.) CORPORATION NAME: Progressive Paloverde Insurance Company 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA	DUE DATE: 9/30/2015 SCC ID NO: F1563040 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>450</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	450
CLASS	AUTHORIZED				
COMMON	450				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY					
4.) STATE OR COUNTRY OF INCORPORATION: IN					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: C/O CT CORPORATION SYSTEMS
150 WEST MARKET ST STE 800

CITY/ST/ZIP: INDIANAPOLIS, IN 46204

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: STEVE A BROZ TITLE: PRESIDENT ADDRESS: C/O CT CORPORATION SYSTEMS 150 WEST MARKET ST STE 800 CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES R HAAS TITLE: VICE PRESIDENT ADDRESS: C/O CT CORPORATION SYSTEMS 150 WEST MARKET ST STE 800 CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DANIEL J WITALEC TITLE: TREASURER ADDRESS: C/O CT CORPORATION SYSTEMS 150 WEST MARKET ST STE 800 CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KAREN A KOSUDA TITLE: ASST SECRETARY ADDRESS: C/O CT CORPORATION SYSTEMS 150 WEST MARKET ST STE 800 CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MICHAEL R UTH TITLE: SECRETARY ADDRESS: C/O CT CORPORATION SYSTEMS 150 WEST MARKET ST STE 800 CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46204		

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/ KAREN A KOSUDA</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>KAREN A KOSUDA, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>8/6/2015</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.