

SCC eFile

2015 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

215528065

1.) CORPORATION NAME:

Progressive Universal Insurance Company

DUE DATE: **9/30/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1563131**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	715

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
8020 EXCELSIOR DR STE 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:	SCOTT W ZIEGLER		
TITLE:	PRESIDENT		
ADDRESS:	C/O CT CORPORATION SYSTEMS 8020 EXCELSIOR DR, STE 200		
CITY/ST/ZIP/CO:	MADISON, WI 53717		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JAMES R HAAS		
TITLE:	VICE PRESIDENT		
ADDRESS:	C/O CT CORPORATION SYSTEMS 8020 EXCELSIOR DR, STE 200		
CITY/ST/ZIP/CO:	MADISON, WI 53717		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DANIEL J WITALEC		
TITLE:	TREASURER		
ADDRESS:	C/O CT CORPORATION SYSTEMS 8020 EXCELSIOR DR, SUITE 200		
CITY/ST/ZIP/CO:	MADISON, WI 53717		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	KAREN A KOSUDA		
TITLE:	ASST SECRETARY		
ADDRESS:	C/O CT CORPORATION SYSTEMS 8020 EXCELSIOR DR, STE 200		
CITY/ST/ZIP/CO:	MADISON, WI 53717		

		<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MICHAEL R UTH		
TITLE:	SECRETARY		
ADDRESS:	C/O CT CORPORATION SYSTEMS 8020 EXCELSIOR DR STE 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/ 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>7/27/2015</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.