

1.) CORPORATION NAME:

DUE DATE: **8/31/2014**

Progressive Advanced Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1719857**

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000,000
PREFA	60,000

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.

<p>NAME: Sanjay M. Vyas TITLE: PRESIDENT ADDRESS: 6300 Wilson Mills Road CITY/ST/ZIP/CO: Mayfield Village, OH 44143</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: James R. Haas TITLE: VICE PRESIDENT ADDRESS: 6300 Wilson Mills Road CITY/ST/ZIP/CO: Mayfield Village, OH 44143</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Caroline M. Koran TITLE: VICE PRESIDENT ADDRESS: 6300 Wilson Mills Road CITY/ST/ZIP/CO: Mayfield Village, OH 44143</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Daniel J. Witalec TITLE: TREASURER ADDRESS: 6300 Wilson Mills Road CITY/ST/ZIP/CO: Mayfield Village, OH 44143</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Karen A. Kosuda TITLE: ASST SECRETARY ADDRESS: 6300 Wilson Mills Road CITY/ST/ZIP/CO: Mayfield Village, OH 44143</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Michael R. Uth TITLE: SECRETARY ADDRESS: 6300 Wilson Mills Road CITY/ST/ZIP/CO: Mayfield Village, OH 44143</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: Toby K. Alfred
TITLE: DIRECTOR
ADDRESS: 6300 Wilson Mills Road
CITY/ST/ZIP/CO: Mayfield Village, OH 44143

OFFICER

DIRECTOR

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>	<u>Karen A. Kosuda, ASST</u>	<u>6/20/2014</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.