

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 814496

FILED  
Mar 28, 2011  
Secretary of State

Entity Name: PROTECTIVE INSURANCE COMPANY

## Current Principal Place of Business:

1099 N MERIDIAN STREET  
INDIANAPOLIS, IN 46204

## New Principal Place of Business:

1099 N MERIDIAN STREET  
SUITE 700  
INDIANAPOLIS, IN 46204

## Current Mailing Address:

1099 N MERIDIAN STREET  
INDIANAPOLIS, IN 46204

## New Mailing Address:

1099 N MERIDIAN STREET  
SUITE 700  
INDIANAPOLIS, IN 46204

FEI Number: 35-6021485

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHIEF FINANCIAL OFFICER  
P O BOX 6200 (32314-6200)  
200 E. GAINES ST.  
TALLAHASSEE, FL 323990000 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CFOV  
Name: CORYDON, G P  
Address: 1099 NORTH MERIDIAN STREET  
City-St-Zip: INDIANAPOLIS, IN 46204

Title: CEOP  
Name: DEVITO, JOSEPH J  
Address: 1099 NORTH MERIDIAN STREET  
City-St-Zip: INDIANAPOLIS, IN 46204

Title: TVPD  
Name: THOMPSON, THOMAS W  
Address: 1099 NORTH MERIDIAN STREET  
City-St-Zip: INDIANAPOLIS, IN 46204

Title: GCSV  
Name: CASE, MICHAEL J  
Address: 1099 NORTH MERIDIAN STREET  
City-St-Zip: INDIANAPOLIS, IN 46204

Title: VPD  
Name: BONINI, MARK L  
Address: 1099 NORTH MERIDIAN STREET  
City-St-Zip: INDIANAPOLIS, IN 46204

Title: C,D  
Name: MILLER, GARY W  
Address: 1099 NORTH MERIDIAN STREET  
City-St-Zip: INDIANAPOLIS, IN 46204

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL CASE

GCSV

03/28/2011

Electronic Signature of Signing Officer or Director

Date