

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005168

FILED
Mar 21, 2011
Secretary of State

Entity Name: PROGRESSIVE DIRECT INSURANCE COMPANY

Current Principal Place of Business:

6300 WILSON MILLS ROAD
MAYFIELD VILLAGE, OH 44143

New Principal Place of Business:

Current Mailing Address:

6300 WILSON MILLS ROAD
MAYFIELD VILLAGE, OH 44143

New Mailing Address:

FEI Number: 34-1524319

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 32399 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: PD
Name: ZIEGLER, SCOTT W
Address: 6300 WILSON MILLS ROAD
City-St-Zip: MAYFIELD VILLAGE, OH 44143 US

Title: VPD
Name: DOMECK, BRIAN C
Address: 6300 WILSON MILLS ROAD
City-St-Zip: MAYFIELD VILLAGE, OH 44143 US

Title: DIR
Name: BROZ, STEVE
Address: 6300 WILSON MILLS ROAD
City-St-Zip: MAYFIELD VILLAGE, OH 44143 US

Title: VP
Name: HAAS, JAMES R
Address: 6300 WILSON MILLS ROAD
City-St-Zip: MAYFIELD VILLAGE, OH 44143 US

Title: SEC
Name: UTH, MICHAEL R
Address: 6300 WILSON MILLS ROAD
City-St-Zip: MAYFIELD VILLAGE, OH 44143 US

Title: TREA
Name: CURTISS, JOHN A
Address: 6300 WILSON MILLS ROAD
City-St-Zip: MAYFIELD VILLAGE, OH 44143 US

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: ANNE MEYER

POA

03/21/2011

Electronic Signature of Signing Officer or Director

Date