

1.) CORPORATION NAME:

**The Insurance Company of the State of Pennsylvania**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI  
CORPORATION SERVICE COMPANY  
Bank of America Center, 16th Floor  
1111 East Main Street**

**RICHMOND, VA 23219**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**PA**

DUE DATE: **9/30/2011**

SCC ID NO: **F0008856**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	235,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 175 WATER ST  
18TH FLOOR

CITY/ST/ZIP: NEW YORK, NY 10038-

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.

NAME: DENIS M BUTKOVIC  
TITLE: SECRETARY  
ADDRESS: 175 WATER ST  
CITY/ST/ZIP/CO: NEW YORK, NY 10038-

OFFICER

DIRECTOR

NAME: CHRISTOPHER V. BLUM  
TITLE: SVP/GC  
ADDRESS: 175 WATER STREET  
CITY/ST/ZIP/CO: NEW YORK, NY 10038-

OFFICER

DIRECTOR

NAME: PAUL DAMIEN BYRNE  
TITLE: TREASURER  
ADDRESS: 2-8 ALTYRE RD  
CITY/ST/ZIP/CO: SURREY, CROYDON, CR9 2LG-, UNITED KINGDOM (GREAT BRITAIN)

OFFICER

DIRECTOR

NAME: DAVID LAWRENCE HERZOG  
TITLE: DIRECTOR  
ADDRESS: 180 MAIDEN LANE, 24TH FLOOR  
CITY/ST/ZIP/CO: NEW YORK, VA -

OFFICER

DIRECTOR

NAME: PETER DOUGLAS HANCOCK  
TITLE: DIRECTOR  
ADDRESS: 180 MAIDEN LANE, 24TH FLOOR  
CITY/ST/ZIP/CO: NEW YOR, VA -

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID NEIL FIELDS DIRECTOR 175 WATER STREET NEW YORK, VA -	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN QUINLAN DOYLE DIRECTOR 175 WATER STREET NEW YORK, VA -	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARK TIMOTHY WILLIS DIRECTOR 300 S. RIVERSIDE PLAZA STE 2100 CHICAGO, IL 60606-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SEAN T. LEONARD CFO/SVP 180 MAIDEN LANE 10TH FLOOR NEW YORK, NY 10038-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER JAMES EASTWOOD CEO/PRESIDENT 100 SUMMER STREET BOSTON, MA 02110-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT SCOTT SCHIMEK DIRECTOR 175 WATER STREET NEW YORK, NY 10038-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MONIKA MARIA MACHON DIRECTOR 180 MAIDEN LANE 24TH FLOOR NEW YORK, NY 10038-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KRISTIAN PHILIP MOOR DIRECTOR 175 WATER STREET 31ST FLOOR NEW YORK, NY 10038-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SIDDHARTHA SANKARAN DIRECTOR 80 PINE STREET 6TH FLOOR NEW YORK, NY 10005-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> 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/ DENIS M BUTKOVIC</u>	<u>DENIS M BUTKOVIC, SECRETARY</u>	<u>9/8/2011</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.