

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: PETER JAMES EASTWOOD
TITLE: CEO/PRESIDENT
ADDRESS: 100 SUMMER STREET
CITY/ST/ZIP/CO: BOSTON, MA 02110-

OFFICER DIRECTOR

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

OFFICER DIRECTOR

NAME: SEAN T. LEONARD
TITLE: CFO/SVP
ADDRESS: 180 MAIDEN LANE
10TH FLOOR
CITY/ST/ZIP/CO: NEW YORK, NY 10038-

OFFICER DIRECTOR

NAME: MARK TIMOTHY WILLIS
TITLE: DIRECTOR
ADDRESS: 300 S. RIVERSIDE PLAZA
STE 2100
CITY/ST/ZIP/CO: CHICAGO, IL 60606-

OFFICER DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENIS M BUTKOVIC SECRETARY 175 WATER ST 18TH FLOOR NEW YORK, NY 10038-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER V. BLUM SVP/GC 175 WATER STREET 18TH FLOOR NEW YORK, NY 10038-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN QUINLAN DOYLE DIRECTOR 175 WATER STREET 30TH FLOOR NEW YORK, NY 10038-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID NEIL FIELDS DIRECTOR 175 WATER STREET NEW YORK, NY 10038-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER DOUGLAS HANCOCK DIRECTOR 175 WATER STREET 30TH FLOOR NEW YORK, NY 10038-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID LAWRENCE HERZOG DIRECTOR 180 MAIDEN LANE 41ST FLOOR 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

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT SCOTT SCHIMEK		
TITLE:	DIRECTOR		
ADDRESS:	175 WATER STREET		
	30TH FLOOR		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038-		

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>10/24/2011</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.