

1.) CORPORATION NAME:

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

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F0008856**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	235,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**PA**

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	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO/PRESIDENT		
ADDRESS:	100 SUMMER STREET		
CITY/ST/ZIP/CO:	BOSTON, MA 02110		

NAME:	DENIS M BUTKOVIC	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	175 WATER ST		
CITY/ST/ZIP/CO:	18TH FLOOR NEW YORK, NY 10038		

NAME:	PAUL DAMIEN BYRNE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2-8 ALTYRE RD		
CITY/ST/ZIP/CO:	SURREY CROYDON,,CR9 2LG,UNITED KINGDOM (GREA , , FN		

NAME:	CHRISTOPHER V. BLUM	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/GC		
ADDRESS:	175 WATER STREET		
CITY/ST/ZIP/CO:	18TH FLOOR NEW YORK, NY 10038		

NAME:	SEAN T. LEONARD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO/SVP		
ADDRESS:	180 MAIDEN LANE		
CITY/ST/ZIP/CO:	10TH FLOOR NEW YORK, NY 10038		

NAME:	JOHN QUINLAN DOYLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	175 WATER STREET		
CITY/ST/ZIP/CO:	30TH FLOOR NEW YORK, NY 10038		
NAME:	DAVID NEIL FIELDS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	175 WATER STREET		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038		
NAME:	PETER DOUGLAS HANCOCK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	175 WATER STREET		
CITY/ST/ZIP/CO:	30TH FLOOR NEW YORK, NY 10038		
NAME:	DAVID LAWRENCE HERZOG	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	180 MAIDEN LANE		
CITY/ST/ZIP/CO:	41ST FLOOR NEW YORK, NY 10038		
NAME:	MONIKA MARIA MACHON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	180 MAIDEN LANE		
CITY/ST/ZIP/CO:	24TH FLOOR NEW YORK, NY 10038		
NAME:	KRISTIAN PHILIP MOOR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	175 WATER STREET		
CITY/ST/ZIP/CO:	31ST FLOOR NEW YORK, NY 10038		
NAME:	SIDDHARTHA SANKARAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	80 PINE STREET		
CITY/ST/ZIP/CO:	6TH FLOOR NEW YORK, NY 10005		
NAME:	ROBERT SCOTT SCHIMEK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	175 WATER STREET		
CITY/ST/ZIP/CO:	30TH FLOOR NEW YORK, NY 10038		
NAME:	MARK TIMOTHY WILLIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	300 S. RIVERSIDE PLAZA		
CITY/ST/ZIP/CO:	STE 2100 CHICAGO, IL 60606		
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.			
/s/ DENIS M BUTKOVIC	DENIS M BUTKOVIC, SECRETARY	8/16/2012	
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.