

1.) CORPORATION NAME:

**VALLEY FORGE INSURANCE COMPANY**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.  
AUTH IN VI  
CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

DUE DATE: **4/30/2011**

SCC ID NO: **F0067290**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	400,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**PA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 333 S WABASH AVE  
43RD FLOOR

CITY/ST/ZIP: CHICAGO, IL 60604-

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:	THOMAS F MOTAMED	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHRMN/CEO/PRES		
ADDRESS:	333 S. WABASH AVE		
CITY/ST/ZIP/CO:	CHICAGO, IL 60604-		
NAME:	THOMAS PONTARELLI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC VP/CAO		
ADDRESS:	333 S. WABASH AVE		
CITY/ST/ZIP/CO:	CHICAGO, IL 60604-		
NAME:	D CRAIG MENSE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP/CFO		
ADDRESS:	333 S WABASH AVE		
CITY/ST/ZIP/CO:	CHICAGO, IL 60604-		
NAME:	JONATHAN D. KANTOR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP/GC/SEC		
ADDRESS:	333 S WABASH AVE		
CITY/ST/ZIP/CO:	CHICAGO, IL 60604-		
NAME:	STATHY DARCY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP/DEP GEN COU		
ADDRESS:	333 S WABASH AVE		
CITY/ST/ZIP/CO:	CHICAGO, IL 60604-		

NAME: LARRY A. HAEFNER TITLE: EVP/CHIEF ACTUA ADDRESS: 333 S WABASH AVE CITY/ST/ZIP/CO: CHICAGO, IL 60604-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: LAWRENCE J. BOYSEN TITLE: DIRECTOR ADDRESS: 333 S WABASH AVE CITY/ST/ZIP/CO: CHICAGO, IL 60604-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DENNIS R. HEMME TITLE: SVP/TREAS ADDRESS: 333 S WABASH AVE CITY/ST/ZIP/CO: CHICAGO, IL 60604-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: GEORGE R. FAY TITLE: EVP ADDRESS: 333 S WABASH AVE CITY/ST/ZIP/CO: CHICAGO, IL 60604-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: ROBERT A. LINDEMANN TITLE: PRES/COO ADDRESS: 333 S WABASH AVE CITY/ST/ZIP/CO: CHICAGO, IL 60604-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: TIMOTHY J. SZERLONG TITLE: PRESIDENT ADDRESS: 333 S WABASH AVE CITY/ST/ZIP/CO: CHICAGO, IL 60604-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: PETER W. WILSON TITLE: PRES/COO ADDRESS: 1249 SOUTH RIVER RD. CITY/ST/ZIP/CO: CRANBURY, NJ 08512-	<input checked="" type="checkbox"/> OFFICER <input 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.	
/s/ STATHY DARCY _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STATHY DARCY, SVP/DEP GEN _____ COU PRINTED NAME AND CORPORATE TITLE
3/28/2011 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.	