

1.) CORPORATION NAME:

VALLEY FORGE INSURANCE COMPANY

DUE DATE: **4/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	THOMAS F MOTAMED	
TITLE:	CHRMN/CEO/PRES	
ADDRESS:	333 S. WABASH AVE	
CITY/ST/ZIP/CO:	CHICAGO, IL 60604	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MARK I. HERMAN	
TITLE:	PRESIDENT	
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 checked="" type="checkbox"/> DIRECTOR
NAME:	THOMAS PONTARELLI	
TITLE:	EXEC VP/CAO	
ADDRESS:	333 S. WABASH AVE	
CITY/ST/ZIP/CO:	CHICAGO, IL 60604	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JONATHAN D. KANTOR	
TITLE:	EVP/GC/SEC	
ADDRESS:	333 S WABASH AVE	
CITY/ST/ZIP/CO:	CHICAGO, IL 60604	

NAME: ALBERT J. MIRALLES, JR. TITLE: TREASURER ADDRESS: 333 S. WABASH AVE. CITY/ST/ZIP/CO: CHICAGO, IL 60604	<input checked="" type="checkbox"/> OFFICER		<input type="checkbox"/> DIRECTOR
NAME: STATHY DARCY TITLE: SVP/DEP GEN COU ADDRESS: 333 S WABASH AVE CITY/ST/ZIP/CO: CHICAGO, IL 60604	<input checked="" type="checkbox"/> OFFICER		<input checked="" type="checkbox"/> DIRECTOR
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: D CRAIG MENSE TITLE: EVP/CFO ADDRESS: 333 S WABASH AVE CITY/ST/ZIP/CO: CHICAGO, IL 60604	<input checked="" type="checkbox"/> OFFICER		<input checked="" 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: 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
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	4/3/2014 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.			