

1.) CORPORATION NAME:

DUE DATE: **5/31/2013**

Lancer Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F0075137**

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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GLEN ALLEN, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 370 WEST PARK AVE

CITY/ST/ZIP: LONG BEACH, NY 11561

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: DAVID P DELANEY JR TITLE: PRESIDENT ADDRESS: 370 WEST PARK AVE PO BOX 9004 CITY/ST/ZIP/CO: LONG BEACH, NY 11561-9004	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TIMOTHY D DELANEY TITLE: EXEC. VP ADDRESS: 370 WEST PARK AVE PO BOX 9004 CITY/ST/ZIP/CO: LONG BEACH, NY 11561-9004	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ALISTAIR T. LIND TITLE: SR. VP/T ADDRESS: 370 WEST PARK AVE CITY/ST/ZIP/CO: LONG BEACH, NY 11561-9004	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JOHN A PETRILLI TITLE: SR VP/S ADDRESS: 370 WEST PARK AVE P O BOX 9004 CITY/ST/ZIP/CO: LONG BEACH, NY 11561-9004	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SALVATORE SCUDERI TITLE: SENIOR VP ADDRESS: 370 WEST PARK AVE P O BOX 9004 CITY/ST/ZIP/CO: LONG BEACH, NY 11561-9004	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Raymond O'Neill VICE PRESIDENT 370 West Park Ave. Long Beach, NY 11561	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Wayne S Ricci EVP 370 West Park ave. Long Beach, NY 11561	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Gail W Reilly SVP 370 West Park Ave. Long Beach, NY 11561	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Ann Marie McTernan SVP 370 West Park Ave. Long Beach, NY 11561	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Donald DiBrita SVP 370 West Park Ave. Long Beach, NY 11561	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Edward Temkin VP 370 West Park Ave. Long Beach, NY 11561	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	William Madtes VP 370 West Park Ave. Long Beach, NY 11561	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Pamela Marin VICE PRESIDENT One Fairchild Ct. Plainview, NY 11803	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael Bayard VICE PRESIDENT 370 West Park ave. Long Beach, NY 11561	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Paul Berne SVP 734 Alpha Drive Cleveland, OH 44143	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Robert Crescenzo VICE PRESIDENT 370 West Park Ave. Long Beach, NY 11561	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Timothy OSullivan VICE PRESIDENT 370 West Park Ave. Long Beach, NY 11561	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Francis Walsh VICE PRESIDENT 370 West Park Ave. Long Beach, NY 11561	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Shirley Ortego VICE PRESIDENT 370 West Park Ave. Long Beach, NY 11561	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Michael Byrne VICE PRESIDENT 370 West Park Ave. Long Beach, NY 11561	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Kieran McGowan VICE PRESIDENT One Fairchild Court Plainview, NY 11803	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mark Libertine VICE PRESIDENT 734 Alpha Drive Cleveland, OH 44143	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Robert Burns VICE PRESIDENT 204 SE Stonemill Dr. Vancouver, WA 98684	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Jeffrey Willmann VICE PRESIDENT 734 Alpha Drive Cleveland, OH 44143	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Kim Aquilino VICE PRESIDENT 370 West Park Ave. Long Beach, NY 11561	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Charles Ford VICE PRESIDENT 370 West Park Ave. Long Beach, NY 11561	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Robert MacKenzie VICE PRESIDENT 370 West Park Ave. Long Beach, NY 11561	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: John Lombardo TITLE: DIRECTOR ADDRESS: 302 Anchorage Drive CITY/ST/ZIP/CO: Woodbury, NY 11787	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Leonard Caronia TITLE: DIRECTOR ADDRESS: Macquarie Capital CITY/ST/ZIP/CO: One North Wacker Dr. Chicago, IL 60606	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: George Cochran TITLE: DIRECTOR ADDRESS: Macquarie Capital CITY/ST/ZIP/CO: One North Wacker Drive Chicago, IL 60606	<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/ Gail WReilly	Gail WReilly,	4/4/2013
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.		