

SCC eFile
(6/10)

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212507799

1.) CORPORATION NAME:

Pennsylvania General Insurance Company

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

ATTORNEY

CHARLES F MIDKIFF

MIDKIFF MUNCIE & ROSS PC

300 ARBORETUM PLACE STE 420

RICHMOND, VA 23236

SCC ID NO: **F0147613**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	90,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

CHESTERFIELD COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 150 ROYALL STREET

CITY/ST/ZIP: CANTON, MA 02021-

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:	ALEXANDER C ARCHIMEDES			
TITLE:	SR VP			
ADDRESS:	150 ROYALL STREET			
CITY/ST/ZIP/CO:	CANTON, MA 02021-			

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	DANA P HENDERSHOTT			
TITLE:	SR VP			
ADDRESS:	150 ROYALL ST.			
CITY/ST/ZIP/CO:	CANTON, MA 02021-			

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	JOAN K GEDDES			
TITLE:	ASST SEC			
ADDRESS:	150 ROYALL ST			
CITY/ST/ZIP/CO:	CANTON, MA 02021-			

	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	VIRGINIA A. MCCARTHY			
TITLE:	SECRETARY			
ADDRESS:	150 ROYALL ST			
CITY/ST/ZIP/CO:	CANTON, MA 02021-			

	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	BRADFORD W. RICH			
TITLE:	P/CEO/GC			
ADDRESS:	150 ROYALL ST			
CITY/ST/ZIP/CO:	CANTON, MA 02021-			

NAME:	T. MICHAEL MILLER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	601 CARLSON PARKWAY SUITE 600		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305-		
NAME:	JANE E FREEDMAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	150 ROYALL ST		
CITY/ST/ZIP/CO:	CANTON, MA 02021-		
NAME:	JOSETTE D KIEL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP/CUO		
ADDRESS:	THE FORUM SUITE 1045		
CITY/ST/ZIP/CO:	SAN ANTONIO, TX 78230-		
NAME:	PAUL H MCDONOUGH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP/CFO		
ADDRESS:	601 CARLSON PARKWAY SUITE 600		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305-		
NAME:	BRIAN D POOLE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP/C ACTUARY		
ADDRESS:	601 CARLSON PARKWAY SUITE 600		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305-		
NAME:	THOMAS N SCHMITT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP/CHRO		
ADDRESS:	601 CARLSON PARKWAY SUITE 600		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305-		
NAME:	SEAN W DUFFY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/CCO		
ADDRESS:	601 CARLSON PARKWAY SUITE 600		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305-		
NAME:	SCOTT W MCCLINTOCK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SVP/CIO		
ADDRESS:	601 CARLSON PARKWAY SUITE 600		
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305-		

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/ VIRGINIA A. MCCARTHY</u>	VIRGINIA A. MCCARTHY,	<u>3/2/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.