

1.) CORPORATION NAME:

DIAMOND STATE INSURANCE COMPANY

DUE DATE: **8/31/2010**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI NATIONAL REGISTERED AGENTS INC 201 N. UNION ST. STE 140 ALEXANDRIA, VA 22314**

SCC ID NO: **F1011032**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:
IN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3 BALA PLAZA EAST SUITE 300

CITY/ST/ZIP: BALA CYNWYD, PA 19004-

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 J MYERS
TITLE: PRESIDENT
ADDRESS: THREE BALA PLAZA, E SUITE 300
CITY/ST/ZIP/CO: BALA CYNWYD, PA 19004-

OFFICER

DIRECTOR

NAME: THOMAS M MCGEEHAN
TITLE: VP/T
ADDRESS: THREE BALA PLAZA E., SUITE 300
CITY/ST/ZIP/CO: BALA CYNWYD, PA 19004-

OFFICER

DIRECTOR

NAME: LINDA C HOHN
TITLE: VP/S
ADDRESS: THREE BALA PLAZA EAST SUITE 300
CITY/ST/ZIP/CO: BALA CYNWYD, PA 19004-

OFFICER

DIRECTOR

NAME: LARRY FRAKES
TITLE: DIRECTOR
ADDRESS: THREE BALA PLAZA EAST, SUITE 300
CITY/ST/ZIP/CO: BALA CYNWYD, PA 19004-

OFFICER

DIRECTOR

NAME: THOMAS M MCGEEHAN
TITLE: DIRECTOR
ADDRESS: THREE BALA PLAZA E, SUITE 300
CITY/ST/ZIP/CO: BALA CYNWYD, PA 19004-

OFFICER

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/ THOMAS M MCGEEHAN	THOMAS M MCGEEHAN, VP/T	9/15/2010
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.