

1.) CORPORATION NAME:

**WESCO INSURANCE COMPANY**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI  
CORPORATION SERVICE COMPANY  
11 S 12TH ST  
PO BOX 1463**

**RICHMOND, VA 23218**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

DUE DATE: **1/31/2011**

SCC ID NO: **F1128273**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 59 MAIDEN LANE 6TH FLOOR

CITY/ST/ZIP: NEW YORK, NY 10038-

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:	BARRY D. ZYSKIND	
TITLE:	PRES/CEO	
ADDRESS:	59 MAIDEN LANE 6TH FLOOR	
CITY/ST/ZIP/CO:	NEW YORK, NY 10038-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	HARRY SCHLACHTER	
TITLE:	TREASURER	
ADDRESS:	59 MAIDEN LANE 6TH FLOOR	
CITY/ST/ZIP/CO:	NEW YORK, NY 10038-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	BARRY MOSES	
TITLE:	ASST VP	
ADDRESS:	59 MAIDEN LANE 6TH FLOOR	
CITY/ST/ZIP/CO:	NEW YORK, NY 10038-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	STEPHEN UNGAR	
TITLE:	SECRETARY	
ADDRESS:	59 MAIDEN LANE 6TH FLOOR	
CITY/ST/ZIP/CO:	NEW YORK, NY 10038-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DONALD DECARLO	
TITLE:	DIRECTOR	
ADDRESS:	59 MAIDEN LANE 6TH FLOOR	
CITY/ST/ZIP/CO:	NEW YORK, NY 10038-	

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY HIMEBAUCH ASST SECRETARY 12790 MERIT DRIVE SUITE 200 DALLAS, TX 75251-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STUART HOLLANDER DIRECTOR 59 MAIDEN LANE 6TH FLOOR NEW YORK, NY 10038-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY JOHNSON ASST TREASURER 5800 LOMBARDO CENTER CLEVELAND, OH 44131-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAY MILLER DIRECTOR 59 MAIDEN LANE 6TH FLOOR NEW YORK, NY 10038-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID SAKS DIRECTOR 59 MAIDEN LANE 6TH FLOOR NEW YORK, NY 10038-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JON ZETLAU ASST VP 12790 MERIT DRIVE SUITE 200 DALLAS, TX 75251-	<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/ BARRY MOSES	BARRY MOSES, ASST VP	12/7/2010
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.