

1.) CORPORATION NAME:

WESCO INSURANCE COMPANY

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1128273**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 59 MAIDEN LANE 43rd 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:	PRESIDENT	
ADDRESS:	59 MAIDEN LANE 43rd FLOOR	
CITY/ST/ZIP/CO:	NEW YORK, NY 10038	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JEFFREY JOHNSON	
TITLE:	ASST VP	
ADDRESS:	800 Superior Ave, E, 21st FL	
CITY/ST/ZIP/CO:	CLEVELAND, OH 44114	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	HARRY SCHLACHTER	
TITLE:	TREASURER	
ADDRESS:	59 MAIDEN LANE 43rd FLOOR	
CITY/ST/ZIP/CO:	NEW YORK, NY 10038	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JEFFREY JOHNSON	
TITLE:	ASST TREASURER	
ADDRESS:	800 Superior Ave, E, 21st FL	
CITY/ST/ZIP/CO:	CLEVELAND, OH 44114	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	STEPHEN UNGAR	
TITLE:	SECRETARY	
ADDRESS:	59 MAIDEN LANE 43rd 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	
CITY/ST/ZIP/CO:	43rd FLOOR NEW YORK, NY 10038	

NAME: STUART HOLLANDER TITLE: DIRECTOR ADDRESS: 59 MAIDEN LANE 43rd FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10038	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAY MILLER TITLE: DIRECTOR ADDRESS: 430 EAST 57TH STREET CITY/ST/ZIP/CO: NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID SAKS TITLE: DIRECTOR ADDRESS: 59 MAIDEN LANE 43rd FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10038	<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/ STEPHEN UNGAR SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	STEPHEN UNGAR, SECRETARY PRINTED NAME AND CORPORATE TITLE	1/3/2014 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.		