

1.) CORPORATION NAME:

KEYSTONE INSURANCE COMPANY

DUE DATE: **4/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1210618**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE RIVER PLACE

CITY/ST/ZIP: WILMINGTON, DE 19801-3382

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: MARK SIMMONDS TITLE: ASST VP ADDRESS: 3055 OAK ROAD CITY/ST/ZIP/CO: WALNUT CREEK, CA 94597	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: BRIAN SUZUKI TITLE: ASST VP ADDRESS: 3055 OAK ROAD CITY/ST/ZIP/CO: WALNUT CREEK, CA 94597	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL DAY TITLE: CFO/T ADDRESS: 3055 OAK ROAD CITY/ST/ZIP/CO: WALNUT CREEK, CA 94597	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PAULA DOWNEY TITLE: CEO ADDRESS: 3055 OAK ROAD CITY/ST/ZIP/CO: WALNUT CREEK, CA 94597	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL J ZUKERMAN TITLE: SECRETARY ADDRESS: 3055 OAK ROAD CITY/ST/ZIP/CO: WALNUT CREEK, CA 94597	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN J RICHMOND TITLE: ASST SECRETARY ADDRESS: 3055 OAK ROAD CITY/ST/ZIP/CO: WALNUT CREEK, CA 94597	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: PHYLLIS T SOLOMON TITLE: ASST SECRETARY ADDRESS: 3055 OAK CITY/ST/ZIP/CO: WALNUT CREEK, CA 94597	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: ROBERT WOODS TITLE: ASST SECRETARY ADDRESS: ONE RIVER PLACE CITY/ST/ZIP/CO: WILMINGTON, DE 19801	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: STEVEN GEORGE TITLE: DIRECTOR ADDRESS: 3055 OAK ROAD CITY/ST/ZIP/CO: WALNUT CREEK, CA 94597	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MICHAEL RANDALL TITLE: DIRECTOR ADDRESS: 3055 OAK ROAD CITY/ST/ZIP/CO: WALNUT CREEK, CA 94597	<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/ PHYLLIS T SOLOMON _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PHYLLIS T SOLOMON, ASST SECRETARY _____ PRINTED NAME AND CORPORATE TITLE	4/15/2013 _____ 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.		