

1.) CORPORATION NAME:

DUE DATE: **4/30/2014**

CSAA Affinity Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1210618**

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	25,000

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.

<p>NAME: MARK SIMMONDS TITLE: ASST VP ADDRESS: 3055 OAK ROAD CITY/ST/ZIP/CO: WALNUT CREEK, CA 94597</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: BRIAN SUZUKI TITLE: ASST VP ADDRESS: 3055 OAK ROAD CITY/ST/ZIP/CO: WALNUT CREEK, CA 94597</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL DAY TITLE: CFO/T ADDRESS: 3055 OAK ROAD CITY/ST/ZIP/CO: WALNUT CREEK, CA 94597</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: PAULA DOWNEY TITLE: CEO ADDRESS: 3055 OAK ROAD CITY/ST/ZIP/CO: WALNUT CREEK, CA 94597</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL J ZUKERMAN TITLE: SECRETARY ADDRESS: 3055 OAK ROAD CITY/ST/ZIP/CO: WALNUT CREEK, CA 94597</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JOHN J RICHMOND TITLE: ASST SECRETARY ADDRESS: 3055 OAK ROAD CITY/ST/ZIP/CO: WALNUT CREEK, CA 94597</p>	<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: JOHN P. Fierst TITLE: DIRECTOR ADDRESS: 10401 N. Meridian St., Suite 300 CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46290	<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	4/11/2014 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.		