

1.) CORPORATION NAME:

AAA Mid-Atlantic Insurance Company

DUE DATE: **11/30/2011**

SCC ID NO: **F1402140**

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

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	30,000

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-

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: PAULA F DOWNEY
TITLE: PRESIDENT
ADDRESS: 3055 OAK ROAD
CITY/ST/ZIP/CO: WALNUT CREEK, CA 94597-

OFFICER

DIRECTOR

NAME: MICHAEL J ZUKERMAN
TITLE: SECRETARY
ADDRESS: 3055 OAK ROAD
CITY/ST/ZIP/CO: WALNUT CREEK, CA 94597-

OFFICER

DIRECTOR

NAME: MICHAEL J SCIMECA
TITLE: ASST SECRETARY
ADDRESS: 3055 OAK ROAD
CITY/ST/ZIP/CO: WALNUT CREEK, CA 94597-

OFFICER

DIRECTOR

NAME: STEVEN A GEORGE
TITLE: DIRECTOR
ADDRESS: 3055 OAK ROAD
CITY/ST/ZIP/CO: WALNUT CREEK, CA 94597-

OFFICER

DIRECTOR

NAME: MICHAEL J RANDALL
TITLE: DIRECTOR
ADDRESS: 3055 OAK ROAD
CITY/ST/ZIP/CO: WALNUT CREEK, CA 94597-

OFFICER

DIRECTOR

NAME: MARK C SIMMONDS TITLE: AVP ADDRESS: 3055 OAK ROAD CITY/ST/ZIP/CO: WALNUT CREEK, CA 94597-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARK WOODS TITLE: ASST SECRETARY ADDRESS: ONE RIVER PL CITY/ST/ZIP/CO: WILMINGTON, DE 19801-	<input checked="" type="checkbox"/> OFFICER <input 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: MICHAEL S DAY TITLE: TREASURER ADDRESS: 3055 OAK ROAD CITY/ST/ZIP/CO: WALNUT CREEK, CA 94597-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BRIAN T SUZUKI TITLE: AVP ADDRESS: 3055 OAK ROAD CITY/ST/ZIP/CO: WALNUT CREEK, CA 94597-	<input checked="" 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/ MICHAEL J SCIMECA _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL J SCIMECA, ASST SECRETARY _____ PRINTED NAME AND CORPORATE TITLE
12/7/2011 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.	