

1.) CORPORATION NAME:

AAA Mid-Atlantic Insurance Company

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1402140**

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	3055 OAK ROAD		
CITY/ST/ZIP/CO:	WALNUT CREEK, CA 94597		
NAME:	MICHAEL J ZUKERMAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	3055 OAK ROAD		
CITY/ST/ZIP/CO:	WALNUT CREEK, CA 94597		
NAME:	JOHN J RICHMOND	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	3055 OAK ROAD		
CITY/ST/ZIP/CO:	WALNUT CREEK, CA 94597		
NAME:	PHYLLIS T SOLOMON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	3055 OAK ROAD		
CITY/ST/ZIP/CO:	WALNUT CREEK, CA 94597		
NAME:	MARK WOODS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	ONE RIVER PL		
CITY/ST/ZIP/CO:	WILMINGTON, DE 19801		
NAME:	MICHAEL S DAY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	3055 OAK ROAD		
CITY/ST/ZIP/CO:	WALNUT CREEK, CA 94597		

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: 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
NAME: STEVEN A 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 J 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/ MICHAEL J ZUKERMAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL J ZUKERMAN, SECRETARY PRINTED NAME AND CORPORATE TITLE	11/1/2012 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.		