

1.) CORPORATION NAME:

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

AAA Mid-Atlantic Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1402140**

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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: 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: 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 ROAD CITY/ST/ZIP/CO: WALNUT CREEK, CA 94597	<input checked="" type="checkbox"/> OFFICER <input 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: 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
11/19/2012 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.	