

1.) CORPORATION NAME:

**BANKERS INDEPENDENT INSURANCE COMPANY**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.  
AUTH IN VI  
CORPORATION SERVICE COMPANY  
11 S 12TH ST  
RICHMOND, VA 23218**

DUE DATE: **12/30/2010**

SCC ID NO: **F1404625**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 40,000     |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  
**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:  
**PA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1000 RIVER ROAD  
STE 300

CITY/ST/ZIP: CONSHOHOCKEN, PA 19428-

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.

|                 |   |  |
|-----------------|---|--|
|                 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | BRUCE ARNESON                               |  |
| TITLE:          | PRESIDENT                                   |  |
| ADDRESS:        | 1000 RIVER ROAD STE 300                     |  |
| CITY/ST/ZIP/CO: | CONSHOHOCKEN, PA 19428-0520                 |  |

|                 |   |  |
|-----------------|---|--|
|                 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | WILLIAM LOCKHORN                            |  |
| TITLE:          | CEO/SEC/CHRMAN                              |  |
| ADDRESS:        | 1000 RIVER RD STE 300                       |  |
| CITY/ST/ZIP/CO: | CONSHOHOCKEN, PA 19428-                     |  |

|                 |   |                                   |
|-----------------|---|-----------------------------------|
|                 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | MARK J KEYSER                               |                                   |
| TITLE:          | TREASURER                                   |                                   |
| ADDRESS:        | 1000 RIVER ROAD<br>STE_300                  |                                   |
| CITY/ST/ZIP/CO: | CONSHOHOCKEN, PA 19428-                     |                                   |

|                 |                                  |  |
|-----------------|----------------------------------|--|
|                 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | JAMES COMIS                      |  |
| TITLE:          | DIRECTOR                         |  |
| ADDRESS:        | 1000 RIVER ROAD<br>STE 300       |  |
| CITY/ST/ZIP/CO: | CONSHOHOCKEN, PA 19428-          |  |

|                 |                                  |  |
|-----------------|----------------------------------|--|
|                 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | BRAD ESSON                       |  |
| TITLE:          | DIRECTOR                         |  |
| ADDRESS:        | 100 RIVER ROAD<br>STE 300        |  |
| CITY/ST/ZIP/CO: | CONSHOHOCKEN, PA 19428-          |  |

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.

|   |  |                           |
|---|--|---------------------------|
| <u>/s/ WILLIAM LOCKHORN</u><br>SIGNATURE OF DIRECTOR/OFFICER<br>LISTED IN THIS REPORT | <u>WILLIAM LOCKHORN,<br/>CEO/SEC/CHRMAN</u><br>PRINTED NAME AND CORPORATE<br>TITLE | <u>11/19/2010</u><br>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.