

1.) CORPORATION NAME:

American Sentinel Insurance Company

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOANNE L NOLTE
THE NOLTE LAW FIRM
1427 W MAIN ST**

SCC ID NO: **F1585605**

RICHMOND, VA 23220

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2407 PARK DR

CITY/ST/ZIP: HARRISBURG, PA 17110

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:	DARLEEN J FRITZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2407 PARK DR		
CITY/ST/ZIP/CO:	HARRISBURG, PA 17110		

NAME:	ROBERT K BLOOM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2407 PARK DR		
CITY/ST/ZIP/CO:	HARRISBURG, PA 17110		

NAME:	KENNETH R BRITTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2407 PARK DR		
CITY/ST/ZIP/CO:	HARRISBURG, PA 17110		

NAME:	JOHN J NISSLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2407 PARK DR		
CITY/ST/ZIP/CO:	HARRISBURG, PA 17110		

NAME:	RONALD K THOMAS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	2407 PARK DR		
CITY/ST/ZIP/CO:	HARRISBURG, PA 17110		

NAME:	DEBORAH A GOOD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2407 PARK DR		
CITY/ST/ZIP/CO:	HARRISBURG, PA 17110		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARTIN G LANE JR DIRECTOR 2407 PARK DR HARRISBURG, PA 17110	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WILLIAM J WOLLYUNG III ASST SECRETARY 2407 PARK DR HARRISBURG, PA 17110	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ RONALD KTHOMAS	RONALD KTHOMAS,	4/18/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.