

1.) CORPORATION NAME:

Warranty Financing Corporation

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1804766**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMV	1,000,000
COMNV	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 200 PINEBROOK PLACE

CITY/ST/ZIP: ORWIGSBURG, PA 17961

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:	WAYNE HERRING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	200 PINEBROOK PLACE PO BOX278 ORWIGSBURG, PA 17961		
CITY/ST/ZIP/CO:			
NAME:	WAYNE HERRING JR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	200 PINEBROOK PLACE PO BOX 278 ORWIGSBURG, PA 17961		
CITY/ST/ZIP/CO:			
NAME:	Donald S Gottwald	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	200 Pinebrook Place PO Box 278 Orwigsburg, PA 17961		
CITY/ST/ZIP/CO:			
NAME:	James P Hallet	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 Pinebrook Place PO Box 278 Orwigsburg , PA 17961		
CITY/ST/ZIP/CO:			
NAME:	Rebecca C Polak	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Ex VP&Asst Sec		
ADDRESS:	200 Pinebrook Place PO Box 278 Orwigsburg , PA 17961		
CITY/ST/ZIP/CO:			

NAME: Eric M Loughmiller TITLE: Executive VP ADDRESS: 200 Pinebrook Place PO Box 278 CITY/ST/ZIP/CO: Orwigsburg , PA 17961	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: James E Money II TITLE: TREASURER ADDRESS: 200 Pinebrook Place PO Box 278 CITY/ST/ZIP/CO: Orwigsburg , PA 17961	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Mark R Nelson TITLE: SECRETARY ADDRESS: 200 Pinebrook Place PO Box 278 CITY/ST/ZIP/CO: Orwigsburg , PA 17961	<input checked="" type="checkbox"/> OFFICER <input 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/ WAYNE HERRING	WAYNE HERRING, PRESIDENT	8/27/2013
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.		