

1.) CORPORATION NAME: Sasco Insurance Services, Inc.	DUE DATE: 2/28/2013				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: REGISTERED AGENT SOLUTIONS, INC. 7288 HANOVER GREEN DRIVE MECHANICSVILLE, VA 23111	SCC ID NO: F1850561				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>2,500</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	2,500
CLASS	AUTHORIZED				
COMMON	2,500				
4.) STATE OR COUNTRY OF INCORPORATION: NJ					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 313 HIGH ST.

CITY/ST/ZIP: HACKETTSTOWN, NJ 07840

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: JAMES J TRAVIS TITLE: PRESIDENT ADDRESS: 544 WATTERS ROAD CITY/ST/ZIP/CO: HACKETTSTOWN, NJ 07840	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: PETER S KROMER TITLE: DIRECTOR ADDRESS: 204 PINE TOP CITY/ST/ZIP/CO: STROUDBURG, PA 18360	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: SUSAN SEGER TITLE: DIRECTOR ADDRESS: 10 POWHATATAN WAY6 CITY/ST/ZIP/CO: HACKETTESTOWN, NJ 07840	<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/ JAMES J TRAVIS	JAMES J TRAVIS, PRESIDENT	2/21/2013
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.