

1.) CORPORATION NAME:

DUE DATE: **1/31/2014**

Avalon Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1883190**

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000
PREFER	500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2500 ELMERTON AVE.

CITY/ST/ZIP: HARRISBURG, PA 17177

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:	GARY DEAN ST HILIARE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIR,PRES, CEO		
ADDRESS:	2500 ELMERTON AVE.		
CITY/ST/ZIP/CO:	HARRISBURG, PA 17177		
NAME:	MICHAEL RICHARD CLEARY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR. VP. TREAS.		
ADDRESS:	2500 ELMERTON AVE.		
CITY/ST/ZIP/CO:	HARRISBURG, PA 17177		
NAME:	DEBRA BETH COHEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXECUTIVE VP		
ADDRESS:	2500 ELMERTON AVE.		
CITY/ST/ZIP/CO:	HARRISBURG, PA 17177		
NAME:	SHERRY ELLEN BASKIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	2500 ELMERTON AVENUE		
CITY/ST/ZIP/CO:	HARRISBURG, PA 17177		
NAME:	STEPHEN PAUL RUSSELL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2500 ELMERTON AVENUE		
CITY/ST/ZIP/CO:	HARRISBURG, PA 17177		
NAME:	BRIAN LAWRENCE SULLIVAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2500 ELMERTON AVENUE		
CITY/ST/ZIP/CO:	HARRISBURG, PA 17177		

NAME:	SANDRA HELENA NEYDL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2500 ELMERTON AVENUE		
CITY/ST/ZIP/CO:	HARRISBURG, PA 17177		

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/ SHERRY ELLEN BASKIN	SHERRY ELLEN BASKIN,	12/10/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY	DATE
	PRINTED NAME AND CORPORATE TITLE	

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.