

1.) CORPORATION NAME:

MARYLAND CASUALTY COMPANY

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN STREET**

SCC ID NO: **F0001877**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1400 American Lane

CITY/ST/ZIP: SCHAUMBURG, IL 60196

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.

<p>NAME: Michael T Foley TITLE: CEO ADDRESS: 1400 American Lane CITY/ST/ZIP/CO: Schaumburg, IL 60196</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Dalynn Hoch TITLE: CFO ADDRESS: 1400 American Lane CITY/ST/ZIP/CO: Schaumburg, IL 60196</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Nancy D Mueller TITLE: PRESIDENT ADDRESS: 1400 American Lane CITY/ST/ZIP/CO: Schaumburg, IL 60196</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Craig J Fundum TITLE: DIRECTOR ADDRESS: 13810 FNB Parkway CITY/ST/ZIP/CO: Omaha, NE 68154-5202</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Steve Hatch TITLE: DIRECTOR ADDRESS: 1400 American Lane CITY/ST/ZIP/CO: Schaumburg, IL 60196</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: Bryan J Salvatore TITLE: DIRECTOR ADDRESS: One Liberty Plaza, 165 Broadway CITY/ST/ZIP/CO: 32nd Floor New York, NY 10006</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: Kathleen A Savio TITLE: DIRECTOR ADDRESS: 1400 American Lane CITY/ST/ZIP/CO: Schaumburg, IL 60196	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Earl Randall Clouser TITLE: DIRECTOR ADDRESS: 105 E 17th Street CITY/ST/ZIP/CO: New York, NY 10003	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Mary Merkel TITLE: DIRECTOR ADDRESS: 1400 American Lane CITY/ST/ZIP/CO: Schaumburg, IL 60196	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Dennis F Kerrigan TITLE: SECRETARY ADDRESS: 1400 American Lane CITY/ST/ZIP/CO: Schaumburg, IL 60196	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Richard P Kearns TITLE: DIRECTOR ADDRESS: 1400 American Lane CITY/ST/ZIP/CO: Schaumburg, IL 60196	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Angus M Talbot TITLE: DIRECTOR ADDRESS: Mythenquai 2 8002 CITY/ST/ZIP/CO: Zurich, , CH	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Daniel W Riordan TITLE: DIRECTOR ADDRESS: 1201 F Street NW Suite 250 CITY/ST/ZIP/CO: Washington DC, DC 20004	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Robert Burne TITLE: TREASURER ADDRESS: 1400 American Lane CITY/ST/ZIP/CO: Schaumburg, IL 60196	<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.				
<u>/s/ Dennis FKerrigan</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>Dennis FKerrigan,</u> PRINTED NAME AND CORPORATE TITLE	<u>2/25/2014</u> 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.				