

1.) CORPORATION NAME:

MUNICH AMERICAN REASSURANCE COMPANY

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

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

SCC ID NO: **F0197121**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,400,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

GA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 56 PERIMETER CENTER E NE
STE 500

CITY/ST/ZIP: ATLANTA, GA 30346

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:	MICHAEL G DEKONING	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEP/VC		
ADDRESS:	2087 WATSONS BEND		
CITY/ST/ZIP/CO:	ALPHARETTA, GA 30004		

NAME:	PAIGE S FREEMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	988 Wildwood Road, NE		
CITY/ST/ZIP/CO:	ATLANTA, GA 30306		

NAME:	MICHAEL FARLEY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	7886 STRATFORD LANE		
CITY/ST/ZIP/CO:	ATLANTA, GA 30350		

NAME:	RICHARD R CLUNE, JR.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2558 CHIMNEY SPRINGS DRIVE		
CITY/ST/ZIP/CO:	MARIETTA, GA 30062		

NAME:	Michael S Taht	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Senior VP		
ADDRESS:	5555 Hampton Way		
CITY/ST/ZIP/CO:	Duluth, GA 30097		

NAME:	Michael W Farley	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Senior VP		
ADDRESS:	7886 Stratford Lane		
CITY/ST/ZIP/CO:	Atlanta, GA 30350		

NAME: John W Brumbach TITLE: DIRECTOR ADDRESS: 175 Spalding Mill CITY/ST/ZIP/CO: Sandy Springs, GA 30350	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: Richard D. Phillips TITLE: DIRECTOR ADDRESS: 2051 Renault Lane NE CITY/ST/ZIP/CO: Atlanta, GA 30345	<input 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/ PAIGE S FREEMAN	PAIGE S FREEMAN, SECRETARY	8/7/2012
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.