

1.) CORPORATION NAME:

**MEDMARC Casualty Insurance Company**

DUE DATE: **2/29/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
KAREN M MURPHY  
14280 PARK MEADOW DR STE 300  
CHANTILLY, VA 20151-2219**

SCC ID NO: **F0235707**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	30,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VT**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 E STATE STREET  
PO BOX 1309

CITY/ST/ZIP: MONTPELIER, VT 05601-1309

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: MARY TODD PETERSON  OFFICER  DIRECTOR  
TITLE: P/CEO  
ADDRESS: 14280 PARK MEADOW DRIE STE 300  
CITY/ST/ZIP/CO: CHANTILLY, VA 20151-

NAME: NIGEL J GRIFFEY  OFFICER  DIRECTOR  
TITLE: T/VP/CFO  
ADDRESS: 14280 PARK MEADOW DRIVE  
STE 300  
CITY/ST/ZIP/CO: CHANTILLY, VA 20151-2219

NAME: KAREN M MURPHY  OFFICER  DIRECTOR  
TITLE: SR VP-RSK SRV M  
ADDRESS: 14280 PARK MEADOW DRIVE  
STE 300  
CITY/ST/ZIP/CO: CHANTILLY, VA 20151-

NAME: RICHARD JOSEPH BUTLER  OFFICER  DIRECTOR  
TITLE: DIR SPECI PROGR  
ADDRESS: 14280 PARK MEADOW DRIVE  
STE 300  
CITY/ST/ZIP/CO: CHANTILLY, VA 20151-2219

NAME: FRANCIS ALEXANDER STOCKWELL  OFFICER  DIRECTOR  
TITLE: CHF UNDER OFFIC  
ADDRESS: 14280 PARK MEADOW DRIVE  
STE 300  
CITY/ST/ZIP/CO: CHANTILLY, VA 20151-2219

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/ KAREN M MURPHY</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>KAREN M MURPHY, SR VP-RSK SRV M</u> PRINTED NAME AND CORPORATE TITLE	<u>12/15/2011</u> DATE
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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.