

1.) CORPORATION NAME:

COMPASS INSURANCE COMPANY

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0253429**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	94,742

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 9277 CENTRE POINTE DR STE 140

CITY/ST/ZIP: WEST CHESTER, OH 45069

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: ERNEST JOSEPH BLACHE JR TITLE: PRES./CEO ADDRESS: 9277 CENTRE POINTE DR STE 140 CITY/ST/ZIP/CO: WEST CHESTER, OH 45069</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: GARY M SUSSMAN TITLE: T/VP ADDRESS: 2229 BROOKSTREAM COURT CITY/ST/ZIP/CO: MIAMISBURG, OH 45342</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: AMY KATHRYN COLLINS TITLE: SECRETARY ADDRESS: 9277 CENTRE POINTE DR CITY/ST/ZIP/CO: WEST CHESTER, OH 45069</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: HERMAN RICHARD PLUSCHAU TITLE: DIRECTOR ADDRESS: 37 SHERWOOD RD CITY/ST/ZIP/CO: RANCHO MIRAGE, CA 92270</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ALWIN HELMOT THIEMKE TITLE: DIRECTOR ADDRESS: 36 BUTTONWOOD LANE CITY/ST/ZIP/CO: EAST AMHERST, NY 14051</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: HUGH WILLIAMSON GREENE TITLE: DIRECTOR ADDRESS: 7769 CRYSTAL COVER POINT CITY/ST/ZIP/CO: MAINEVILLE, OH 45039</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	DOUGLAS OTTO MITTERHOLZER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	7819 WOODBRIDGE COURT		
CITY/ST/ZIP/CO:	SPRINGBORO, OH 45066		

NAME:	PATRICIA SUZANNE HENSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6513 MIDNIGHT SUN DRIVE		
CITY/ST/ZIP/CO:	MAINEVILLE, OH 45039		

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/ GARY M SUSSMAN	GARY M SUSSMAN, T/VP	5/15/2012
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.