

1.) CORPORATION NAME:

Stonebridge Casualty Insurance Company

DUE DATE: **11/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0358715**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,645

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

OH

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2700 WEST PLANO PARKWAY

CITY/ST/ZIP: PLANO, TX 75075

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:	EDWARD H WALKER, III	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	100 Light Street Floor B1		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21202		
NAME:	MARTHA MCCONNELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	100 Light Street Floor B1		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21202		
NAME:	CORNELIS HENRICUS VERHAGEN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	921 SOUTH ORANGE AVENUE		
CITY/ST/ZIP/CO:	SARASOTA, FL 34236		
NAME:	CRAIG VERMIE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	4333 EDGEWOOD ROAD NE		
CITY/ST/ZIP/CO:	CEDAR RAPIDS, MD 52499		
NAME:	MICHAEL EUBANKS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP/ SEC		
ADDRESS:	100 Light Street Floor B1		
CITY/ST/ZIP/CO:	BALTIMORE, MD 21202		
NAME:	BRENDA K CLANCY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EVP & COO		
ADDRESS:	4333 EDGEWOOD ROAD NE		
CITY/ST/ZIP/CO:	CEDAR RAPIDS, IA 52499		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	G DOUGLAS MANGUM, JR SVP, C Actuary 300 EAGLEVIEW BLVD EXTON, PA 19341	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN A SMITH OPERATIONS OFF 300 EAGLEVIEW BLVD EXTON, PA 19341	<input checked="" 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/ CRAIG VERMIE	CRAIG VERMIE, SR VP	11/20/2012
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.