

1.) CORPORATION NAME: Quanta Indemnity Company	DUE DATE: 9/30/2012				
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802	SCC ID NO: F0371700				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY	5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000,000
CLASS	AUTHORIZED				
COMMON	5,000,000				
4.) STATE OR COUNTRY OF INCORPORATION: CO					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 40 Fulton St
suite 1200

CITY/ST/ZIP: NEW YORK, NY 10038

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: PETER JOHNSON TITLE: CEO/P ADDRESS: 40 Fulton ST Suite 1200 CITY/ST/ZIP/CO: NEW YORK, NY 10038	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
--	-------------------------------------	---------	-------------------------------------	----------

NAME: JEFFREY J MISZNER TITLE: CFO ADDRESS: 40 Fulton ST 14TH FL CITY/ST/ZIP/CO: NEW YORK, NY 10038	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
---	-------------------------------------	---------	-------------------------------------	----------

NAME: MARTHA G BANNERMAN TITLE: SECRETARY ADDRESS: 40 Fulton ST Suite 1200 CITY/ST/ZIP/CO: NEW YORK, NY 10038	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
---	-------------------------------------	---------	-------------------------------------	----------

NAME: GUILLERMO ACCAME TITLE: DIRECTOR ADDRESS: 4601 DTC BOULEVARD SUITE 650 CITY/ST/ZIP/CO: DENVER, CO 80737	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
---	--------------------------	---------	-------------------------------------	----------

NAME: KEITH A LYON TITLE: DIRECTOR ADDRESS: 40 Fulton ST Suite 1200 CITY/ST/ZIP/CO: NEW YORK, NY 10038	<input type="checkbox"/>	OFFICER	<input checked="" 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.

/s/ JEFFREY J MISZNER	JEFFREY J MISZNER, CFO	9/25/2012
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.		