

SCC eFile  
(6/10)

2011 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

211516517

1.) CORPORATION NAME:

**HOUSTON GENERAL INSURANCE COMPANY**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY**

**ROBERT B DELANO JRI**

**1111 E. MAIN ST., SUITE 2400**

**P.O. BOX 1998**

**RICHMOND, VA 23218-1998**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**TX**

DUE DATE: **8/31/2011**

SCC ID NO: **F0413627**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 150 ROYALL STREET

CITY/ST/ZIP: CANTON, MA 02021-

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DANA P HENDERSHOTT	
TITLE:	SR VP	
ADDRESS:	150 ROYALL STREET	
CITY/ST/ZIP/CO:	CANTON, MA 02021-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ALEX C ARCHIMEDES	
TITLE:	COB/PRES/CEO	
ADDRESS:	44 WHIPPANY RD	
CITY/ST/ZIP/CO:	MORRISTOWN, NJ 07960-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOAN K GEDDES	
TITLE:	DIRECTOR	
ADDRESS:	150 ROYALL STREET	
CITY/ST/ZIP/CO:	CANTON, MA 02021-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	PAUL H MCDONOUGH	
TITLE:	DIRECTOR	
ADDRESS:	601 CARLSON PARKWAY SUITE 600	
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	BRIAN D POOLE	
TITLE:	DIRECTOR	
ADDRESS:	601 CARLSON PARKWAY SUITE 600	
CITY/ST/ZIP/CO:	MINNETONKA, MN 55305-	

NAME: BRADFORD W RICH TITLE: SR VP/ GEN COUN ADDRESS: 150 ROYALL STREET CITY/ST/ZIP/CO: CANTON, MA 02021-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DENNIS R SMITH TITLE: SECRETARY ADDRESS: 150 ROYALL STREET CITY/ST/ZIP/CO: CANTON, MA 02021-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: TODD C MILLS TITLE: TREASURER ADDRESS: 150 ROYALL STREET CITY/ST/ZIP/CO: CANTON, MA 02021-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: VIRGINIA A MCCARTHY TITLE: ASST SECRETARY ADDRESS: 150 ROYALL STREET CITY/ST/ZIP/CO: CANTON, MA 02021-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: DAVID G CLANCY TITLE: ASST TREASURER ADDRESS: 150 ROYALL STREET CITY/ST/ZIP/CO: CANTON, MA 02021-	<input checked="" type="checkbox"/> OFFICER <input 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/ DENNIS R SMITH _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DENNIS R SMITH, SECRETARY _____ PRINTED NAME AND CORPORATE TITLE
7/27/2011 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.	