

1.) CORPORATION NAME:

HOUSTON GENERAL INSURANCE COMPANY

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ROBERT B DELANO JRI
1111 E. MAIN ST., SUITE 2400
P.O. BOX 1998**

SCC ID NO: **F0413627**

RICHMOND, VA 23218-1998

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

TX

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.

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

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

NAME:	VIRGINIA A MCCARTHY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	150 ROYALL STREET		
CITY/ST/ZIP/CO:	CANTON, MA 02021		

NAME:	TODD C MILLS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	150 ROYALL STREET		
CITY/ST/ZIP/CO:	CANTON, MA 02021		

NAME:	DAVID G CLANCY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	150 ROYALL STREET		
CITY/ST/ZIP/CO:	CANTON, MA 02021		

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

NAME: PAUL H MCDONOUGH TITLE: COB/P/CEO ADDRESS: 601 CARLSON PARKWAY SUITE 600 CITY/ST/ZIP/CO: MINNETONKA, MN 55305	<input checked="" 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	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: SEAN W. DUFFY 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: MAUREEN A. PHILLIPS TITLE: SR VP/GC ADDRESS: 601 CARLSON PARKWAY SUITE 600 CITY/ST/ZIP/CO: MINNETONKA, MN 55305	<input checked="" 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/ VIRGINIA A MCCARTHY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VIRGINIA A MCCARTHY, SECRETARY PRINTED NAME AND CORPORATE TITLE	6/29/2012 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.		