

1.) CORPORATION NAME:

Torus National Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802**

DUE DATE: **12/31/2011**

SCC ID NO: **F0445090**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	30,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: HARBORSIDE FINANCIAL CENTER
PLAZA 5 SUITE 2900

CITY/ST/ZIP: JERSEY CITY, NJ 07311-

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: NAVEEN ANAND OFFICER DIRECTOR
TITLE: PRESIDENT
ADDRESS: HARBORSIDE FIN CENTER
PLAZA 5 SUITE2900
CITY/ST/ZIP/CO: JERSEY CITY, NJ 07311-

NAME: GARY ROPIECKI OFFICER DIRECTOR
TITLE: CFO
ADDRESS: HARBORSIDE FIN CENTER
PLAZA 5 SUITE 2900
CITY/ST/ZIP/CO: JERSEY CITY, NJ 07311-

NAME: IAN CAMPBELL OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 88 LEADENHALL
LONDON,,,UNITED KINGDOM (GREAT BRITAIN)
CITY/ST/ZIP/CO: , -,

NAME: CLIVE TOBIN OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 88 LEADENHALL STREET
LONDON,,,UNITED KINGDOM (GREAT BRITAIN)
CITY/ST/ZIP/CO: , -,

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOSE RAMON GONZALEZ	
TITLE:	SECRETARY	
ADDRESS:	HRBRSIDE FIN CENTER	
	PLAZA 5 SUITE 2900	
CITY/ST/ZIP/CO:	JERSEY CITY, NJ 07311-	

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.

<u>/s/ GARY ROPIECKI</u>	<u>GARY ROPIECKI, CFO</u>	<u>12/20/2011</u>
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.