

1.) CORPORATION NAME:

Safety National Casualty Corporation

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**

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

4.) STATE OR COUNTRY OF INCORPORATION:
MO

DUE DATE: **5/31/2011**

SCC ID NO: **F0542995**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000
PREFER	1,000,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1832 SCHUETZ RD

CITY/ST/ZIP: ST LOUIS, MO 63146-

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: GERALD ROGER SCOTT
TITLE: PRESIDENT
ADDRESS: 311 LARIMORE VALLEY
CITY/ST/ZIP/CO: WILDWOOD, MO 63005-

OFFICER

DIRECTOR

NAME: DUANE ALLEN HERCULES
TITLE: COO
ADDRESS: 5 TWIN SPRINGS LANE
CITY/ST/ZIP/CO: ST LOUIS, MO 63124-

OFFICER

DIRECTOR

NAME: TERRENCE T SCHOENINGER
TITLE: CHAIRMAN EMERIT
ADDRESS: 18636 RIEGER ROAD
CITY/ST/ZIP/CO: WILDWOOD, MO 63005-

OFFICER

DIRECTOR

NAME: MARK ANDREW WILHELM
TITLE: CEO
ADDRESS: 8 LOCHINVAR DRIVE
CITY/ST/ZIP/CO: ST LOUIS, MO 63131-

OFFICER

DIRECTOR

NAME: JEFFREY WILLIAM OTTO
TITLE: SECRETARY
ADDRESS: 345 MERLOT LANE
CITY/ST/ZIP/CO: ST. ALBANS, MO 63073-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN FRANCIS LUEBBERT VICE PRESIDENT 648 SHERWOOD WEBSTER GROVES, MO 63119-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN PAUL CSIK TREASURER 9 SEMINOLE COLUMBIA, IL 62236-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD ALLEN SHERMAN DIRECTOR 870 5TH AVENUE #11- H NEW YORK, NY 10021-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT ROSENKRANZ DIRECTOR 435 E. 52ND STREET #14A NEW YORK, NY 10022-	<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.			
<u>/s/ JEFFREY WILLIAM OTTO</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>JEFFREY WILLIAM OTTO,</u> SECRETARY PRINTED NAME AND CORPORATE TITLE	<u>5/23/2011</u> 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.			