

1.) CORPORATION NAME:

**Stonington 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: **7/31/2011**

SCC ID NO: **F0549909**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	70,000

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

4.) STATE OR COUNTRY OF INCORPORATION:  
**TX**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5801 TENNYSON PKWY  
STE 600

CITY/ST/ZIP: PLANO, TX 75024-

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: NANCY K. SELF  OFFICER  DIRECTOR  
TITLE: ASST SEC  
ADDRESS: 5801 TENNYSON PKWY  
STE 600  
CITY/ST/ZIP/CO: PLANO, TX 75024-

NAME: ROB BYLER  OFFICER  DIRECTOR  
TITLE: PRESIDENT  
ADDRESS: 5801 TENNYSON PKWY  
STE 600  
CITY/ST/ZIP/CO: PLANO, TX 75024-

NAME: TRACY H. BOWDEN  OFFICER  DIRECTOR  
TITLE: VICE PRESIDENT  
ADDRESS: 5801 TENNYSON PKWY  
STE 600  
CITY/ST/ZIP/CO: PLANO, TX 75024-

NAME: PETER MALONEY  OFFICER  DIRECTOR  
TITLE: SECRETARY  
ADDRESS: 5801 TENNYSON PKWY  
STE 600  
CITY/ST/ZIP/CO: PLANO, TX 75024-

NAME: HARVEY BAZAAR TITLE: DIRECTOR ADDRESS: 5801 TENNYSON PKWY STE 600 CITY/ST/ZIP/CO: PLANO, TX 75024-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ PETER MALONEY</u>	<u>PETER MALONEY, SECRETARY</u>	<u>6/27/2011</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.