

1.) CORPORATION NAME:

Stonington Insurance Company

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	PETER MALONEY	
TITLE:	SECRETARY	
ADDRESS:	Wall Street Plaza 88 Pine Street New York, NY 10005	
CITY/ST/ZIP/CO:		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	HARVEY BAZAAR	
TITLE:	DIRECTOR	
ADDRESS:	Wall Street Plaza 88 Pine Street New York, NY 10005	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	John Rumpler	
TITLE:	CEO	
ADDRESS:	Wall Street Plaza 88 Pine Street New York, NY 10005	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Wendall Stocker	
TITLE:	TREASURER	
ADDRESS:	Wall Street Plaza 88 Pine Street New York, NY 10005	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Jodie L Burtnett	
TITLE:	ASST SECRETARY	
ADDRESS:	One General Drive Sun Prairie, WI 53596	
CITY/ST/ZIP/CO:		

NAME: Francis O'Halloran TITLE: DIRECTOR ADDRESS: Wall Street Plaza 88 Pine Street CITY/ST/ZIP/CO: New York, NY 10005	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Christopher Davies TITLE: DIRECTOR ADDRESS: 210 Interstate N Parkway S.E. CITY/ST/ZIP/CO: Atlanta, GA 30339	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Gregory Deal TITLE: DIRECTOR ADDRESS: 7333 Sunwood Drive CITY/ST/ZIP/CO: Ramsey, MN 55303	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Rod Farrell TITLE: DIRECTOR ADDRESS: Wall Street Plaza 88 Pine Street CITY/ST/ZIP/CO: New York, NY 10005	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Christopher Fish TITLE: DIRECTOR ADDRESS: Wall Street Plaza 88 Pine Street CITY/ST/ZIP/CO: New York, NY 10005	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Marc Metcalf TITLE: DIRECTOR ADDRESS: Wall Street Plaza 88 Pine Street CITY/ST/ZIP/CO: New York, NY 10005	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: John Neal TITLE: DIRECTOR ADDRESS: Wall Street Plaza 88 Pine Street CITY/ST/ZIP/CO: New York, NY 10005	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Anthony Przybyszewski TITLE: DIRECTOR ADDRESS: Wall Street Plaza 88 Pine Street CITY/ST/ZIP/CO: New York, NY 10005	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Mike Scala TITLE: DIRECTOR ADDRESS: Wall Street Plaza 88 Pine Street CITY/ST/ZIP/CO: New York, NY 10005	<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.	
/s/ Jodie L Burtnett SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Jodie L Burtnett, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE
7/3/2012 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.