

1.) CORPORATION NAME:

DUE DATE: **7/30/2010**

ABILITY INSURANCE COMPANY

SCC ID NO: **F1007121**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

NATIONAL REGISTERED AGENTS INC

201 N. UNION ST. STE 140

ALEXANDRIA, VA 22314

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ALEXANDRIA CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1515 SOUTH 75TH ST

CITY/ST/ZIP: OMAHA, NE 68124-

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: FRED YOSUA
TITLE: P/COO/D/CH OF B
ADDRESS: 10 MCKENNY POINT RD
CITY/ST/ZIP/CO: CAPE ELIZABETH, ME 04107-

OFFICER

DIRECTOR

NAME: JOHN GRANT
TITLE: DIRECTOR
ADDRESS: 656 N 57TH AVE
CITY/ST/ZIP/CO: OMAHA, NE 68132-

OFFICER

DIRECTOR

NAME: ANNE MOORE
TITLE: DIRECTOR
ADDRESS: 86 PLYMOUTH STREET
CITY/ST/ZIP/CO: CARVER, MT 02330-

OFFICER

DIRECTOR

NAME: DAVID SCOTT
TITLE: DIRECTOR
ADDRESS: 318 SOUTH 96HT STREET
CITY/ST/ZIP/CO: OMAHA, NE 68114-

OFFICER

DIRECTOR

NAME: STANLEY WALLACK
TITLE: DIRECTOR
ADDRESS: 640 W MAIN RD
CITY/ST/ZIP/CO: LITTLE COMPTON, RI -

OFFICER

DIRECTOR

NAME:	DONALD LAWLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Sr.VP		
ADDRESS:	1515S.75TH ST.		
CITY/ST/ZIP/CO:	OMAHA, VA 68134-		

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/ DONALD LAWLER</u>	<u>DONALD LAWLER, Sr.VP</u>	<u>8/26/2010</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.