

1.) CORPORATION NAME:

ABILITY INSURANCE COMPANY

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC
4701 COX ROAD
SUITE 301**

GLEN ALLEN, VA 23060-6802

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NE

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

SCC ID NO: **F1007121**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,000,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 222 SOUTH 15TH STREET
SUITE 1202S

CITY/ST/ZIP: OMAHA, NE 68102

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	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/COO/D/CH OF B		
ADDRESS:	10 MCKENNY POINT RD		
CITY/ST/ZIP/CO:	CAPE ELIZABETH, ME 04107		

NAME:	DONALD LAWLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR.VP		
ADDRESS:	222 SOUTH 15TH STREET		
CITY/ST/ZIP/CO:	SUITE 1201S OMAHA, NE 68102		

NAME:	JOHN GRANT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	656 N 57TH AVE		
CITY/ST/ZIP/CO:	OMAHA, NE 68132		

NAME:	LAURA ANN MOORE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	86 PLYMOUTH STREET		
CITY/ST/ZIP/CO:	CARVER, MA 02330		

NAME:	DAVID SCOTT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	691 VISTA COURT		
CITY/ST/ZIP/CO:	REDWOOD CITY, CA 94062		

NAME:	STANLEY WALLACK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	640 W MAIN RD		
CITY/ST/ZIP/CO:	LITTLE COMPTON, RI		

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/ DONALD LAWLER	DONALD LAWLER, SR.VP	7/25/2012
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.