

1.) CORPORATION NAME: AFFIRMATIVE INSURANCE COMPANY 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: 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: IL	DUE DATE: 8/31/2012 SCC ID NO: F1047861 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	10,000
CLASS	AUTHORIZED				
COMMON	10,000				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 150 HARVESTER DR
SUITE 300

CITY/ST/ZIP: BURR RIDGE, IL 60527

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 checked="" type="checkbox"/> DIRECTOR
NAME: GARY Y KUSUMI TITLE: PRESIDENT ADDRESS: 4450 Sojourn Dr. STE 500 CITY/ST/ZIP/CO: Addison, TX 75001		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JOSEPH G FISHER TITLE: EXEC VP/GC/S ADDRESS: 150 HARVESTER DR STE 300 CITY/ST/ZIP/CO: BURR RIDGE, IL 60527		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL J MCCLURE TITLE: EXEC VP/CFO ADDRESS: 150 HARVESTER DR STE 300 CITY/ST/ZIP/CO: BURR RIDGE, IL 60527		

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/ JOSEPH G FISHER	JOSEPH G FISHER, EXEC VP/GC/S	7/13/2012
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.