

1.) CORPORATION NAME:

FFG INSURANCE COMPANY

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

AUTH IN VI

C T CORPORATION SYSTEM

4701 COX ROAD, SUITE 301

GLEN ALLEN, VA 23060

DUE DATE: **2/28/2011**

SCC ID NO: **F1131202**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TX

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 175 CAPITAL BLVD
SUITE 300

CITY/ST/ZIP: ROCKY HILL, CT 06067-

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:	WILLIAM F MURRAY	
TITLE:	PRESIDENT	
ADDRESS:	260 MADISON AVE	
CITY/ST/ZIP/CO:	NEW YORK, NY 10016-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	CHERYL FRISCIA	
TITLE:	ASST SECRETARY	
ADDRESS:	175 CAPITAL BLVD. SUITE 300	
CITY/ST/ZIP/CO:	ROCKY HILL, CT 06067-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	MICHAEL A MCNAMARA	
TITLE:	TREASURER	
ADDRESS:	175 CAPITAL BLVD. SUITE 300	
CITY/ST/ZIP/CO:	ROCKY HILL, CT 06067-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	ANDREW L NOGA	
TITLE:	SECRETARY	
ADDRESS:	175 CAPITAL BLVD. SUITE 300	
CITY/ST/ZIP/CO:	ROCKY HILL, CT 06067-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CHARLES C O'KANE	
TITLE:	DIRECTOR	
ADDRESS:	30 FENCHURCH STREET	
CITY/ST/ZIP/CO:	LONDON, EC3M 3BD-, UNITED KINGDOM (GREAT BRITAIN)	

NAME: MICHAEL R CAIN TITLE: DIRECTOR ADDRESS: 30 FENCHURCH STREET CITY/ST/ZIP/CO: LONDON, EC3M 3BD-, UNITED KINGDOM (GREAT BRITAIN)	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: BRIAN J NOLAN TITLE: CHIEF OPERATING ADDRESS: 175 CAPITAL BLVD. CITY/ST/ZIP/CO: ROCKY HILL, CT 06067-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JESSE R DUNBAR TITLE: ASST SECRETARY ADDRESS: 175 CAPITAL BLVD. CITY/ST/ZIP/CO: ROCKY HILL, CT 06067-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JEANNE KEHOE TITLE: ASST TREASURER ADDRESS: 175 CAPITAL BLVD. CITY/ST/ZIP/CO: ROCKY HILL, CT 06067-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: JONATHAN M JONES TITLE: CHIEF FINANCIAL ADDRESS: 175 CAPITAL BLVD. CITY/ST/ZIP/CO: ROCKY HILL, CT 06067-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: BRIAN M. BOORNAZIAN TITLE: DIRECTOR ADDRESS: 175 CAPITAL BLVD. CITY/ST/ZIP/CO: ROCKY HILL, CT 06067-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: THOMAS W MULLER TITLE: DIRECTOR ADDRESS: 175 CAPITAL BLVD. CITY/ST/ZIP/CO: ROCKY HILL, CT 06067-	<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/ CHERYL FRISCIA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CHERYL FRISCIA, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	1/5/2011 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.		