

1.) CORPORATION NAME:

MEDICAL PROFESSIONAL LIABILITY AGENCY, LTD.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

GLEN ALLEN, VA 23060-6802

DUE DATE: **8/31/2012**

SCC ID NO: **F1225335**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 370 WEST PARK AVE
PO BOX 9004

CITY/ST/ZIP: LONE BEACH, NY 11561-9004

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:	PENELOPE MANTZOURATOS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AST VP		
ADDRESS:	195 LAKE LOUISE MARIE RD		
CITY/ST/ZIP/CO:	ROCK HILL, NY 12275		

NAME:	ARACELI E MIR	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	195 LAKE LOUISE MARIE RD		
CITY/ST/ZIP/CO:	ROCK HILL, NY 12275		

NAME:	GAIL W REILLY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	370 WEST PARK AVENUE PO BOX 9004		
CITY/ST/ZIP/CO:	LONG BEACH, NY 11561-9004		

NAME:	JOHN A PETRILLI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	370 WEST PARK AVE		
CITY/ST/ZIP/CO:	LONG BEACH, NY 11561		

NAME:	Timothy D. Delaney	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	370 West Park Ave.		
CITY/ST/ZIP/CO:	Long Beach, NY 11561		

NAME:	Salvatore Scuderi	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	370 West Park Ave.		
CITY/ST/ZIP/CO:	Long Beach, NY 11561		

NAME:	Nancy Caro	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AVP		
ADDRESS:	195 Lake Louise Marie Rd.		
CITY/ST/ZIP/CO:	Rock Hill, NY 12275		

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/ GAIL W REILLY	GAIL W REILLY, SR VP	7/16/2012
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.