

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**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NY**

DUE DATE: **8/31/2013**

SCC ID NO: **F1225335**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200

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:	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:	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		
CITY/ST/ZIP/CO:	PO BOX 9004 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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NANCY CARO AVP 195 LAKE LOUISE MARIE RD. ROCK HILL, NY 12275	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Alistair Lind TREASURER 370 West Park Ave. Long Beach, NY 11561	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Timothy O'Sullivan ASST TREASURER 370 West Park Ave. Long Beach, NY 11561	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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	7/17/2013
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.