

1.) CORPORATION NAME:

COMMUNITY ASSOCIATION UNDERWRITERS OF AMERICA, INC.

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

SCC ID NO: **F1265208**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
T. BROWN
4701 COX RD STE 301**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	600

GLEN ALLEN, VA 23060-6802

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2 CAUFIELD PLACE

CITY/ST/ZIP: NEWTOWN, PA 18940

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:	MARK E BLASCH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2 CAUFIELD PLACE		
CITY/ST/ZIP/CO:	NEWTOWN, PA 18940		

NAME:	NANCY CANNAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	40 LAKE BELLEVUE STE 100		
CITY/ST/ZIP/CO:	BELLEVUE, WA 18005		

NAME:	MARIANNE HEINEMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2 CAUFIELD PLACE		
CITY/ST/ZIP/CO:	NEWTOWN, PA 18940		

NAME:	LORI A LONG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	2 CAUFIELD PLACE		
CITY/ST/ZIP/CO:	NEWTOWN, PA 18940		

NAME:	MICHAEL MCLAUGHLIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2 CAUFIELD PLACE		
CITY/ST/ZIP/CO:	NEWTOWN, PA 18940		

NAME:	BARBARA BLASCH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	S/CON		
ADDRESS:	2 CAUFIELD PL		
CITY/ST/ZIP/CO:	NEWTOWN, PA 18940		

NAME: JEAN J COLLINS TITLE: ASST SECRETARY ADDRESS: 2 CAUFIELD PLACE CITY/ST/ZIP/CO: NEWTOWN, PA 18940	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: PETER MALONEY TITLE: DIRECTOR ADDRESS: 88 PINE ST CITY/ST/ZIP/CO: NY, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ROBERT BAYLOR TITLE: DIRECTOR ADDRESS: 88 PINE ST CITY/ST/ZIP/CO: NY, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: NICK PASTOR TITLE: DIRECTOR ADDRESS: 88 PINE ST CITY/ST/ZIP/CO: NY, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TRACY BOWDEN TITLE: DIRECTOR ADDRESS: 7701 L:AS COLILNAS RIDGE CITY/ST/ZIP/CO: STE 600 IRVING, TX 75063	<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/ JEAN J COLLINS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JEAN J COLLINS, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	10/5/2012 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.		