

1.) CORPORATION NAME:

**UNIVERSAL UNDERWRITERS OF TEXAS INSURANCE  
COMPANY**

DUE DATE: **6/30/2014**

SCC ID NO: **F1342940**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
BANK OF AMERICA CENTER, 16TH FLOOR  
1111 EAST MAIN STREET**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	450,000

**RICHMOND, VA**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IL**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1400 AMERICAN LANE

CITY/ST/ZIP: SCHAUMBURG, IL 60196

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:	Michael T Foley	
TITLE:	CHAIRMAN	
ADDRESS:	1400 American Lane	
CITY/ST/ZIP/CO:	Schaumburg, IL 60196	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	E Randall Clouser	
TITLE:	EVP	
ADDRESS:	1400 American Lane	
CITY/ST/ZIP/CO:	Schaumburg, IL 60196	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Craig J Fundum	
TITLE:	EVP	
ADDRESS:	1400 American Lane	
CITY/ST/ZIP/CO:	Schaumburg, IL 60196	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Steven M Hatch	
TITLE:	EVP	
ADDRESS:	1400 American Lane	
CITY/ST/ZIP/CO:	Schaumburg, IL 60196	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Richard P Kearns	
TITLE:	DIRECTOR	
ADDRESS:	1400 American Lane	
CITY/ST/ZIP/CO:	Schaumburg, IL 60196	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Dennis F Kerrigan	
TITLE:	SECRETARY	
ADDRESS:	1400 American Lane	
CITY/ST/ZIP/CO:	Schaumburg, IL 60196	

NAME: Mary R Merkel TITLE: EVP ADDRESS: 1400 American Lane CITY/ST/ZIP/CO: Schaumburg, IL 60196	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Nancy D Mueller TITLE: PRESIDENT ADDRESS: 1400 American Lane CITY/ST/ZIP/CO: Schaumburg, IL 60196	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Daniel W Riordan TITLE: DIRECTOR ADDRESS: One Liberty Plaza CITY/ST/ZIP/CO: 165 Broadway New York, NY 10006	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Dalynn J Hoch TITLE: CFO ADDRESS: 1400 American Lane CITY/ST/ZIP/CO: Schaumburg, VA 60196	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Bryan J Salvatore TITLE: EVP ADDRESS: One Liberty Plaza CITY/ST/ZIP/CO: 165 Broadway New York, NY 10006	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Kathleen A Savio TITLE: EVP ADDRESS: 1400 American Lane CITY/ST/ZIP/CO: Schaumburg, IL 60196	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Bob D Effinger TITLE: EVP ADDRESS: 1400 American Lane CITY/ST/ZIP/CO: Schaumbubrg, IL 60196	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: Robert J Burne TITLE: TREASURER ADDRESS: 1400 American Lane CITY/ST/ZIP/CO: Schaumburg, IL 60196	<input checked="" type="checkbox"/>	OFFICER	<input 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/ Dennis FKerrigan SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Dennis FKerrigan, PRINTED NAME AND CORPORATE TITLE	4/29/2014 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.				