

1.) CORPORATION NAME:

ECONOMY PREMIER ASSURANCE COMPANY

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA**

SCC ID NO: **F1434424**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 700 QUAKER LANE

CITY/ST/ZIP: WARWICK, RI 02886-6681

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.

<p>NAME: WILLIAM D MOORE TITLE: P/CEO ADDRESS: 700 QUAKER LANE CITY/ST/ZIP/CO: WARWICK, RI 02886-6681</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: RALPH G SPONTAK TITLE: VP/CFO ADDRESS: 700 QUAKER LANE CITY/ST/ZIP/CO: WARWICK, RI 02886-6681</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: SUSAN A BUFFUM TITLE: VICE PRESIDENT ADDRESS: 10 PARK AVENUE CITY/ST/ZIP/CO: MORRISTOWN, NJ 07962</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL F CONVERY TITLE: VICE PRESIDENT ADDRESS: 700 QUAKER LANE CITY/ST/ZIP/CO: WARWICK, RI 02886-6681</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MARTIN W DEEDE TITLE: VICE PRESIDENT ADDRESS: 700 QUAKER LANE CITY/ST/ZIP/CO: WARWICK, RI 02886-6681</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: RICHARD P LONARDO TITLE: VICE PRESIDENT ADDRESS: 700 QUAKER LANE CITY/ST/ZIP/CO: WARWICK, RI 02886-6681</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	ROBERT F NOSTRAMO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/GEN COUNSEL		
ADDRESS:	700 QUAKER LANE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-6681		
NAME:	VHONDA L RIDLEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	700 QUAKER LANE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-6681		
NAME:	INGRID E TOLENTINO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	700 QUAKER LANE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-6681		
NAME:	MICHAEL C WALSH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	700 QUAKER LANE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-6681		
NAME:	CHRISTEN WHITE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	700 QUAKER LANE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-6681		
NAME:	MAURA C TRAVERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	AGC/S		
ADDRESS:	700 QUAKER LANE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-6681		
NAME:	MARLENE B DEBEL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	1095 AVENUE OF THE AMERICAS		
CITY/ST/ZIP/CO:	NEW YORK, NY 10036		
NAME:	CAROL ANDERSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	500 ECONOMY COURT		
CITY/ST/ZIP/CO:	FREEPORT, IL 61032		
NAME:	RACHEL I DOWNING	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	500 ECONOMY COURT		
CITY/ST/ZIP/CO:	FREEPORT, IL 61032		
NAME:	SCOTT D KUCZMARSKI	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	700 QUAKER LANE		
CITY/ST/ZIP/CO:	WARWICK, RI 02886-6681		
NAME:	MICHELLE K VIETMEIER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	500 ECONOMY COURT		
CITY/ST/ZIP/CO:	FREEPORT, IL 61032		

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/ WILLIAM D MOORE	WILLIAM D MOORE, P/CEO	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.		