

1.) CORPORATION NAME:

NCCI Holdings, Inc.

DUE DATE: **7/31/2011**

SCC ID NO: **F1477357**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATE CREATIONS NETWORK INC

4445 CORPORATION LN 2ND FL

VIRGINIA BEACH, VA 23462

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 901 PENINSULA CORPORATE CIR

CITY/ST/ZIP: BOCA RATON, FL 33487-

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: ALFREDO T GUERRA
TITLE: T/CFO
ADDRESS: 901 PENINSULA CORP CIR
CITY/ST/ZIP/CO: BOCA RATON, FL 33487-

OFFICER

DIRECTOR

NAME: JOHN T LEONARD
TITLE: DIRECTOR
ADDRESS: 261 COMMERCIAL ST
CITY/ST/ZIP/CO: PORTLAND, ME 04101-

OFFICER

DIRECTOR

NAME: TERRENCE D DELEHANTY
TITLE: S
ADDRESS: 901 PENINSULA CORPORATE CIR
CITY/ST/ZIP/CO: BOCA RATON, FL 33487-

OFFICER

DIRECTOR

NAME: ELIZABETH R. HAAR
TITLE: DIRECTOR
ADDRESS: 200 N. GRAND AVENUE
CITY/ST/ZIP/CO: LANSING, MI 48933-

OFFICER

DIRECTOR

NAME: LOUIS P. IGLESIAS
TITLE: DIRECTOR
ADDRESS: 175 WATER STREET
CITY/ST/ZIP/CO: NEW YORK, NY 10038-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRUCE G. KELLEY DIRECTOR 717 MULBERRY STREET DES MOINES, IA 50309-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARBARA A. KLEIN DIRECTOR 5433 TALL OAKS DRIVE LONG GROVE, IL 60047-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL F. KLEIN DIRECTOR ONE TOWER SQUARE HARTFORD, CT 06183-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN J. MELAS DIRECTOR 175 BERKELEY STREET BOSTON, MA 02117-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERNEST J. MROZEK DIRECTOR 442 EAST EIGHTH STREET HINSDALE, IL 60521-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CRAIG L. NODTVEDT DIRECTOR 1111 THIRD AVENUE, SUITE 2600 SEATTLE, WA 98101-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GEORGE M. REIDER, JR. DIRECTOR 9 GLENMORE DRIVE FARMINGTON, CT 06032-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY THOMPSON DIRECTOR ONE HARTFORD PLAZA HARTFORD, VA -	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KRISTIN W. WALL DIRECTOR 2237 S. ACADIAN THRUWAY BATON ROUGE, VA -	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CRAIG M. WATSON DIRECTOR 834 WEST GEORGE STREET CHICAGO, VA -	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: JOHN SCHAPPERLE TITLE: DIRECTOR ADDRESS: 1022 BETHEL STREET CITY/ST/ZIP/CO: HONOLULU, HI 96813-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: STEPHEN J KLINGEL TITLE: P/CEO/D ADDRESS: 901 PENINSULA CORPORATE CIR CITY/ST/ZIP/CO: BOCA RATON, FL 33487-	<input checked="" type="checkbox"/> OFFICER	<input checked="" 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.

<u>/s/ TERRENCE D DELEHANTY</u>	<u>TERRENCE D DELEHANTY, S</u>	<u>6/30/2011</u>
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.