

1.) CORPORATION NAME:

DUE DATE: **11/30/2011**

National Council on Compensation Insurance, Inc.

SCC ID NO: **F1492703**

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 CIRCLE

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: STEPHEN J KLINGEL
TITLE: P/CEO
ADDRESS: 901 PENINSULA CORPORATE CIRCLE
CITY/ST/ZIP/CO: BOCA RATON, FL 33487-

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

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

OFFICER

DIRECTOR

NAME: HELEN J WESTERVELT
TITLE: DIRECTOR
ADDRESS: 901 PENINSULA CORPORATE CIRCLE
CITY/ST/ZIP/CO: BOCA RATON, FL 33487-

OFFICER

DIRECTOR

NAME: MARK MILEUSNIC
TITLE: OFFICER
ADDRESS: 901 PENINSULA CORPORATE CIRCLE
CITY/ST/ZIP/CO: BOCA RATON, FL 33487-

OFFICER

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.

<u>/s/ TERRENCE D DELEHANTY</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>TERRENCE D DELEHANTY, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>9/30/2011</u> DATE
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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.