

1.) CORPORATION NAME:

DUE DATE: **2/28/2011**

PODIATRY INSURANCE COMPANY OF AMERICA

SCC ID NO: **F1500315**

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

**AUTH IN VI
CORPORATION SERVICE COMPANY
11 SOUTH 12TH STREET
P O BOX 1463**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 5,000,000 |

RICHMOND, VA 23218

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

IL

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 3000 MERIDIAN BLVD
STE 400

CITY/ST/ZIP: FRANKLIN, TN 37067-

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: JERRY D BRANT
TITLE: D/P/CEO
ADDRESS: 300 MERIDIAN BLVD STE 400
CITY/ST/ZIP/CO: FRANKLIN, TN 37067-

OFFICER

DIRECTOR

NAME: DANA HENDRICKS
TITLE: TREASURER
ADDRESS: 3000 MERIDIAN BLVD STE 400
CITY/ST/ZIP/CO: FRANKLIN, TN 37067-

OFFICER

DIRECTOR

NAME: W STANCIL STARNES
TITLE: DIR/CHRMN
ADDRESS: 100 BROOKWOOD PL STE 300
CITY/ST/ZIP/CO: BIRMINGHAM, AL 35209-

OFFICER

DIRECTOR

NAME: JANET C FOX
TITLE: ASST CORP SECRE
ADDRESS: 3000 MERIDIAN BLVD STE 400
CITY/ST/ZIP/CO: FRANKLIN, TN 37067-

OFFICER

DIRECTOR

NAME: KATHRYN A NEVILLE
TITLE: SECRETARY
ADDRESS: 100 BROOKWOOD PL STE 300
CITY/ST/ZIP/CO: BIRMINGHAM, AL 35209-

OFFICER

DIRECTOR

| | |
|---|--|
| NAME: VICTOR T ADAMO TITLE: DIRECTOR ADDRESS: 100 BROOKWOOD PLACE SUITE 300 CITY/ST/ZIP/CO: BIRMINGHAM, AL 35209- | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: ADAM P WILCZEK TITLE: Senior VP/COO ADDRESS: 3000 MERIDIAN BOULEVARD SUITE 400 CITY/ST/ZIP/CO: FRANKLIN, TN 37067- | <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: HOWARD H. FRIEDMAN TITLE: DIRECTOR ADDRESS: 100 BROOKWOOD PLACE SUITE 300 CITY/ST/ZIP/CO: BIRMINGHAM, AL 35209- | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: KIRK H PETERSEN TITLE: DIRECTOR ADDRESS: ZACK STAMP, LTD. 601 WEST MONROE STREET CITY/ST/ZIP/CO: SPRINGFIELD, IL 62704- | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: EDWARD L RAND, JR. TITLE: DIRECTOR ADDRESS: 100 BROOKWOOD PLACE SUITE 300 CITY/ST/ZIP/CO: BIRMINGHAM, AL 35209- | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: ZACHARY L STAMP TITLE: DIRECTOR ADDRESS: ZACK STAMP, LTD. 601 WEST MONROE STREET CITY/ST/ZIP/CO: SPRINGFIELD, IL 62704- | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |
| NAME: DARRYL K THOMAS TITLE: DIRECTOR ADDRESS: 100 BROOKWOOD PLACE SUITE 300 CITY/ST/ZIP/CO: BIRMINGHAM, AL 35209- | <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/ JANET C FOX | JANET C FOX, ASST CORP | 2/16/2011 |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | SECRET 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.