

1.) CORPORATION NAME:

GRAMERCY INSURANCE COMPANY

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

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

DUE DATE: **8/31/2011**

SCC ID NO: **F1558511**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TX

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5000 QUORUM DRIVE
STE 111

CITY/ST/ZIP: DALLAS, TX 75254-

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:	ANTONIO R BARNER	
TITLE:	VP/D	
ADDRESS:	3109 CROSSING PARK RD	
CITY/ST/ZIP/CO:	NORCROSS, GA 30071-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOAN F HAMMER	
TITLE:	SECRETARY	
ADDRESS:	3109 CROSSING PARK RD	
CITY/ST/ZIP/CO:	NORCROSS, GA 30071-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	T DANIEL BRANNAN	
TITLE:	DIRECTOR	
ADDRESS:	3109 CROSSING PARK ROAD	
CITY/ST/ZIP/CO:	NORCROSS, GA 30071-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ERIN LIZABETH HAMMER	
TITLE:	DIRECTOR	
ADDRESS:	3109 CROSSING PARK ROAD	
CITY/ST/ZIP/CO:	NORCROSS, GA 30071-	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ALAN RANDALL BARKOWITZ	
TITLE:	DIRECTOR	
ADDRESS:	3109 CROSSING PARK RD	
CITY/ST/ZIP/CO:	NORCROSS, GA 30071-	

NAME: HAYDEN SCOTT HAMMER TITLE: DIRECTOR ADDRESS: 3109 CROSSING PARK RD CITY/ST/ZIP/CO: NORCROSS, GA 30071-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JAMES GREGORY DILLARD TITLE: DIRECTOR ADDRESS: 3109 CROSSING PARK RD CITY/ST/ZIP/CO: NORCROSS, GA 30071-	<input 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.

/s/ ANTONIO R BARNER	ANTONIO R BARNER, VP/D	7/21/2011
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.