

1.) CORPORATION NAME:

GRAMERCY INSURANCE COMPANY

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

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:	COO	
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:	PRESIDENT	
ADDRESS:	3109 CROSSING PARK RD	
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	

	<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:	HAYDEN SCOTT HAMMER	
TITLE:	DIRECTOR	
ADDRESS:	3109 CROSSING PARK RD	
CITY/ST/ZIP/CO:	NORCROSS, GA 30071	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LINDA MARIE TOY	
TITLE:	TREASURER	
ADDRESS:	5000 Quorum Drive Suite 111	
CITY/ST/ZIP/CO:	Dallas, TX 75254	

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/ LINDA MARIE TOY	LINDA MARIE TOY, TREASURER	7/20/2012
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.		