

1.) CORPORATION NAME: Campmed Casualty & Indemnity Company, Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: C T CORPORATION SYSTEM 4701 COX ROAD SUITE 301 GLEN ALLEN, VA 23060	DUE DATE: 1/31/2013 SCC ID NO: F1613928 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMV</td> <td>3,000</td> </tr> </table>	CLASS	AUTHORIZED	COMV	3,000
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRY COUNTY					
4.) STATE OR COUNTRY OF INCORPORATION: NH					

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12100 SUNSET HILLS ROAD
SUITE 300

CITY/ST/ZIP: RESTON, VA 20190

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: MARITA ZURAITIS		
TITLE: PRESIDENT		
ADDRESS: 440 LINCOLN ST		
CITY/ST/ZIP/CO: WORCESTER, MA 01653		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: J KENDALL HUBER		
TITLE: EXEC VP/GC		
ADDRESS: 440 LINCOLN ST		
CITY/ST/ZIP/CO: WORCESTER, MA 01653		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: CHARLES F CRONIN		
TITLE: SECRETARY		
ADDRESS: 440 LINCLON ST		
CITY/ST/ZIP/CO: WORCESTER, MA 01653		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANN K TRIPP		
TITLE: TREASURER		
ADDRESS: 440 LINCOLN ST		
CITY/ST/ZIP/CO: WORCESTER, MA 01653		

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: DAVID B GREENFIELD		
TITLE: EXEC VP/CFO		
ADDRESS: 440 LINCOLN ST		
CITY/ST/ZIP/CO: WORCESTER, MA 01653		

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/ CHARLES F CRONIN	CHARLES F CRONIN, SECRETARY	2/7/2013
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.