

1.) CORPORATION NAME:

DUE DATE: **3/31/2012**

NATIONAL ENVIRONMENTAL COVERAGE CORP.

SCC ID NO: **F1741927**

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

AUTH IN VI

CORPORATION SERVICE COMPANY

BANK OF AMERICA CENTER, 16TH FLOOR

1111 EAST MAIN STREET

RICHARD, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NY

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1 BLUE HILL PLAZA
BOX 1607

CITY/ST/ZIP: PEARL RIVER, NY 10960-2606

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: ROBERT P RESTREPO, JR.
TITLE: PRESIDENT
ADDRESS: 518 E. BROAD ST
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

OFFICER

DIRECTOR

NAME: DOUGLAS E ALLEN
TITLE: PRESIDENT
ADDRESS: 518 E BROAD STREET
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

OFFICER

DIRECTOR

NAME: JOEL E BROWN
TITLE: VICE PRESIDENT
ADDRESS: 518 E BROAD STREET
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

OFFICER

DIRECTOR

NAME: JESSICA BUSS
TITLE: VICE PRESIDENT
ADDRESS: 700 W 47TH STE 350
CITY/ST/ZIP/CO: KANSAS CITY, MO 64112-

OFFICER

DIRECTOR

NAME: DAVID W DALTON
TITLE: VICE PRESIDENT
ADDRESS: 518 E BROAD STREET
CITY/ST/ZIP/CO: COLUMBUS, OH 43215-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NANCY EDWARDS VICE PRESIDENT 518 W. BROAD ST. COLUMBUS, OH 43215-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN E ENGLISH VICE PRESIDENT 518 E BROAD ST COLUMBUS, OH 43215-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CLYDE H FITCH, JR. VICE PRESIDENT 518 E. BROAD ST COLUMBUS, OH 43215-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN R HAZELBAKER VICE PRESIDENT 2955 N. MERIDIAN ST INDIANAPOLIS, IN 46208-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICKY LEE HOLBEIN VICE PRESIDENT 100 STATE AUTO BLVD NASHVILLE, TN 37072-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN P HUNCKLER VICE PRESIDENT 518 E BROAD ST COLUMBUS, OH 43215-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CATHY B MILEY VICE PRESIDENT 518 E BROAD ST COLUMBUS, OH 43215-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATTHEW S MROZEK VICE PRESIDENT 518 E. BROAD STREET COLUMBUS, OH 43215-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL E NORDMAN VICE PRESIDENT 518 E BROAD ST COLUMBUS, OH 43215-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN M PETRUCCI VICE PRESIDENT 518 E BROAD ST COLUMBUS, OH 43215-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY J REYNOLDS VICE PRESIDENT 518 E BROAD ST COLUMBUS, OH 43215-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LYLE D RHODEBECK VICE PRESIDENT 518 E BROAD ST COLUMBUS, OH 43215-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LORRAINE M SIEGWORTH VICE PRESIDENT 518 E BROAD ST COLUMBUS, OH 43215-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES A YANO SECRETARY 518 E BROAD STREET COLUMBUS, OH 43215-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JERRY W BRUMFIELD ASST SECRETARY 700 W. 47TH STREET SUITE 350 KANSAS CITY, MO 64112-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CYNTHIA A POWELL TREASURER 518 E. BROAD STREET COLUMBUS, OH 43215-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENNIS R BLANK DIRECTOR 15078 HARBOR POINT WEST THORNVILLE, OH 43076-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALISON COOLBRITH DIRECTOR 19 SCHUYLER LANE BLOOMFIELD, CT 06002-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHAEL J FIORILE DIRECTOR 34 SOUTH THIRD COLUMBUS, OH 43215-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES E KUNK DIRECTOR 41 S. HIGH STREET COLUMBUS, OH 43215-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: PAUL JOHN OTTE TITLE: DIRECTOR ADDRESS: 201 SOUTH GRANT AVE CITY/ST/ZIP/CO: COLUMBUS, OH 43215-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARSHA P RYAN TITLE: DIRECTOR ADDRESS: 23 PICKETT PLACE CITY/ST/ZIP/CO: NEW ALBANY, OH 43054-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KENAN L SCHULTHEIS TITLE: DIRECTOR ADDRESS: 32 N. WEINBACH CITY/ST/ZIP/CO: EVANSVILLE, IN 47711-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: EDWIN JESSE SIMCOX TITLE: DIRECTOR ADDRESS: 1600 ONE AMERICAN SQUARE CITY/ST/ZIP/CO: INDIANAPOLIS, IN 46282-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: DWIGHT E SMITH TITLE: DIRECTOR ADDRESS: 2191 CITY GATE DRIVE CITY/ST/ZIP/CO: COLUMBUS, OH 43219-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROGER PHILIP SUGARMAN TITLE: DIRECTOR ADDRESS: 1800 CAPITOL SQUARE 65 E. STATE STREET CITY/ST/ZIP/CO: COLUMBUS, OH 43215-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL J HENK TITLE: Assistant VP ADDRESS: 1 BLUE HILL PLAZA BOX 1607 CITY/ST/ZIP/CO: PEARL RIVER, NY 10965-	<input checked="" type="checkbox"/> OFFICER <input 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.	
<u>/s/ JERRY W BRUMFIELD</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>JERRY W BRUMFIELD, ASST SECRETARY</u> PRINTED NAME AND CORPORATE TITLE
<u>3/14/2012</u> 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.	