

1.) CORPORATION NAME:

Milwaukee Casualty Insurance Co.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER 16TH FL
1111 E MAIN ST**

SCC ID NO: **F1871567**

RICHMOND, VA 23219

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	2,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

WI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 12790 Merit Drive, Ste 200

CITY/ST/ZIP: Dallas, TX 75251

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:	JEFFREY P LEO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	12790 MERIT DR STE 200		
CITY/ST/ZIP/CO:	DALLAS, TX 75251		

NAME:	STEPHEN W BRANDT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	12790 MERIT DR STE 200		
CITY/ST/ZIP/CO:	DALLAS, TX 75251		

NAME:	STEPHEN B UNGAR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	59 MAIDEN LN 6TH FL		
CITY/ST/ZIP/CO:	NEW YORK, NY 10038		

NAME:	MICHAEL SAXON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	5800 LOMBARDO CENTER, STE 200		
CITY/ST/ZIP/CO:	CLEVELAND, OH 44131		

NAME:	JEFF JOHNSON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	5800 LOMBARDO CENTER, STE 200		
CITY/ST/ZIP/CO:	CLEVELAND, OH 44131		

NAME:	PAUL BEIL	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST VICE PRES		
ADDRESS:	400 S. EXECUTIVE DR		
CITY/ST/ZIP/CO:	BROOKFIELD, WI 53005		

NAME: BARRY MOSES TITLE: ASST VICE PRES ADDRESS: 5800 LOMBARDO CENTER, STE 200 CITY/ST/ZIP/CO: CLEVELAND, OH 44131	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: HARRY SCHLACHTER TITLE: TREASURER ADDRESS: 59 MAIDEN LANE, 6TH FL CITY/ST/ZIP/CO: NEW YORK, NY 10038	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: WILLIAM FISANICK TITLE: ACTUARY ADDRESS: 12790 MERIT DRIVE, STE 200 CITY/ST/ZIP/CO: DALLAS , TX 75251	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: DONALD DECARLO TITLE: DIRECTOR ADDRESS: 59 MAIDNE LANE, 6TH FL CITY/ST/ZIP/CO: NEW YORK, NY 10038	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JAY MILLER TITLE: DIRECTOR ADDRESS: 430 EAST 57TH ST, STE 5D CITY/ST/ZIP/CO: NEW YORK, NY 10022	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: BARRY ZYSKIND TITLE: DIRECTOR ADDRESS: 59 MAIDEN LANE, 6TH FL CITY/ST/ZIP/CO: NEW YORK, NY 10038	<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/ BARRY MOSES	BARRY MOSES, ASST VICE PRES	7/16/2012
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.		