

1.) CORPORATION NAME:

**FEDERAL INSURANCE COMPANY**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY**

**CT CORPORATION SYSTEM**

**4701 COX RD**

**GLEN ALLEN, VA 23060-6802**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IN**

DUE DATE: **10/31/2011**

SCC ID NO: **F0025389**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,499,971

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 15 MOUNTAIN VIEW RD  
PO BOX 1615

CITY/ST/ZIP: WARREN, NJ 07061-1615

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:	W ANDREW MACAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/S		
ADDRESS:	15 MOUNTAIN VIEW RD		
CITY/ST/ZIP/CO:	WARREN, NJ 07059-		
NAME:	HAROLD L MORRISON JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIR/SVP		
ADDRESS:	15 MOUNTAIN VIEW RD		
CITY/ST/ZIP/CO:	WARREN, NJ 07920-		
NAME:	RICHARD GLENN SPIRO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SVP/CFO		
ADDRESS:	15 MOUNTAIN VIEW RD		
CITY/ST/ZIP/CO:	WARREN, NJ 07059-		
NAME:	PAUL J KRUMP	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	15 MOUNTAIN VIEW ROAD		
CITY/ST/ZIP/CO:	WARREN, NJ 07059-		
NAME:	DINO ENNIO ROBUSTO	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE CHAIRMAN		
ADDRESS:	15 MOUNTAIN VIEW ROAD		
CITY/ST/ZIP/CO:	WARREN, NJ 07059-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SUNITA HOLZER DIRECTOR 15 MOUNTAIN VIEW ROAD WARREN, NJ 07059-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALLISON WILLIAMS META DIRECTOR 15 MOUNTAIN VIEW ROAD WARREN, NJ 07059-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHLEEN MARY TIERNEY DIRECTOR 15 MOUNTAIN VIEW ROAD WARREN, NJ 07059-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PATRICIA TOMCZYK ASST SECRETARY 15 MOUNTAIN VIEW ROAD WARREN, NJ 07059-	<input checked="" type="checkbox"/> OFFICER	<input 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/ PATRICIA TOMCZYK SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PATRICIA TOMCZYK, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	9/14/2011 DATE
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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.