

1.) CORPORATION NAME:

**FEDERAL INSURANCE COMPANY**

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD  
GLEN ALLEN, VA**

SCC ID NO: **F0025389**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	3,499,971

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IN**

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:	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:	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:	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:	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:	PATRICIA TOMCZYK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	15 MOUNTAIN VIEW ROAD		
CITY/ST/ZIP/CO:	WARREN, NJ 07059		

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
--	--	----------------------------------	--

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
--	--	----------------------------------	--

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	9/16/2013 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.