

1.) CORPORATION NAME:

**VIGILANT INSURANCE COMPANY**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY**

**CT CORPORATION SYSTEM**

**4701 COX RD**

**GLEN ALLEN, VA 23060-6802**

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

SCC ID NO: **F0067647**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NY**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 15 MOUNTAIN VIEW RD

CITY/ST/ZIP: WARREN, NJ 07059-

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 BRIAN BARNES  
TITLE: VP/ACTUARY  
ADDRESS: 15 MOUNTAIN VIEW RD  
CITY/ST/ZIP/CO: WARREN, NJ 07059-

OFFICER

DIRECTOR

NAME: W ANDREW MACAN  
TITLE: VP/S  
ADDRESS: 15 MOUNTAIN VIEW RD  
CITY/ST/ZIP/CO: WARREN, NJ 07059-

OFFICER

DIRECTOR

NAME: DOUGLAS A NORDSTROM  
TITLE: VP/T  
ADDRESS: 15 MOUNTAIN VIEW ROAD  
CITY/ST/ZIP/CO: WARREN, NJ 07059-

OFFICER

DIRECTOR

NAME: DINO ENNIO ROBUSTO  
TITLE: CHAIRMAN  
ADDRESS: 15 MOUNTAIN VIEW ROAD  
CITY/ST/ZIP/CO: WARREN, NJ 07059-

OFFICER

DIRECTOR

NAME: RICHARD G SPIRO  
TITLE: SVP & CFO  
ADDRESS: 15 MOUNTAIN VIEW ROAD  
CITY/ST/ZIP/CO: WARREN, NJ 07059-

OFFICER

DIRECTOR

NAME: JOEL DAVID ARONCHICK TITLE: DIRECTOR ADDRESS: 15 MOUNTAIN VIEW ROAD CITY/ST/ZIP/CO: WARREN, NJ 07059-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JON CORY BIDWELL TITLE: DIRECTOR ADDRESS: 15 MOUNTAIN VIEW ROAD CITY/ST/ZIP/CO: WARREN, NJ 07059-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN JOSEPH KENNEDY TITLE: DIRECTOR ADDRESS: 15 MOUNTAIN VIEW ROAD CITY/ST/ZIP/CO: WARREN, NJ 07059-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PAUL JOSEPH KRUMP TITLE: PRESIDENT ADDRESS: 15 MOUNTAIN VIEW ROAD CITY/ST/ZIP/CO: WARREN, NJ 07059-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PETER JAMES TUCKER TITLE: DIRECTOR ADDRESS: 55 WATER STREET CITY/ST/ZIP/CO: NEW YORK, NY 10041-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: GAIL WALLACE SOJA TITLE: DIRECTOR ADDRESS: 55 WATER STREET CITY/ST/ZIP/CO: NEW YORK, NY 10041-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: HAROLD LAWRENCE MORRISON, JR. TITLE: DIRECTOR ADDRESS: 15 MOUNTAIN VIEW ROAD CITY/ST/ZIP/CO: WARREN, NJ 07059-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JEFFREY ALLEN UPDYKE TITLE: DIRECTOR ADDRESS: 555 LONG WHARF DRIVE CITY/ST/ZIP/CO: NEW HAVEN, CT 06511-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PATRICIA TOMCZYK TITLE: ASST SECRETARY ADDRESS: 15 MOUNTAIN VIEW ROAD CITY/ST/ZIP/CO: WARREN, NJ 07059-	<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.	
/s/ PATRICIA TOMCZYK _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PATRICIA TOMCZYK, ASST SECRETARY _____ PRINTED NAME AND CORPORATE TITLE
9/14/2011 _____ 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.	