

1.) CORPORATION NAME:

VIGILANT 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: **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.

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|-----------------|-----------------------|---|--|
| NAME: | PAUL JOSEPH KRUMP | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | PRESIDENT | | |
| ADDRESS: | 15 MOUNTAIN VIEW ROAD | | |
| CITY/ST/ZIP/CO: | WARREN, NJ 07059 | | |
| NAME: | W BRIAN BARNES | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VP/ACTUARY | | |
| ADDRESS: | 15 MOUNTAIN VIEW RD | | |
| CITY/ST/ZIP/CO: | WARREN, NJ 07059 | | |
| NAME: | W ANDREW MACAN | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VP/S | | |
| ADDRESS: | 15 MOUNTAIN VIEW RD | | |
| CITY/ST/ZIP/CO: | WARREN, NJ 07059 | | |
| NAME: | DOUGLAS A NORDSTROM | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | VP/T | | |
| 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: | CHAIRMAN | | |
| ADDRESS: | 15 MOUNTAIN VIEW ROAD | | |
| CITY/ST/ZIP/CO: | WARREN, NJ 07059 | | |
| NAME: | RICHARD G SPIRO | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | SVP & CFO | | |
| ADDRESS: | 15 MOUNTAIN VIEW ROAD | | |
| CITY/ST/ZIP/CO: | WARREN, NJ 07059 | | |

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|--|--|-------------------|-------------------------------------|----------|
| 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 |
| 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: 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: 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: 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 |
| 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. | | | | |