

1.) CORPORATION NAME:

CENTRE INSURANCE COMPANY

DUE DATE: **1/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

SCC ID NO: **F0328593**

**Bank of America Center, 16th Floor
1111 East Main Street**

5.) STOCK INFORMATION

RICHMOND, VA 23219

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1 LIBERTY PLAZA
165 BROADWAY

CITY/ST/ZIP: NEW YORK, NY 10006-1466

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:	PATRICK COLM TIERNAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	1 LIBERTY PLAZA		
	165 BROADWAY		
CITY/ST/ZIP/CO:	NEW YORK, NY 10006-1466		

NAME:	MICHAEL BASCHWITZ	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1 LIBERTY PLAZA		
	165 BROADWAY		
CITY/ST/ZIP/CO:	NEW YORK, NY 10006-1404		

NAME:	ELIZABETH ANN LAWN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/CONTROLLER		
ADDRESS:	1 LIBERTY PLAZA		
	165 BROADWAY		
CITY/ST/ZIP/CO:	NEW YORK, NY 10006-1466		

NAME:	THOMAS FRANCIS GROGAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1 LIBERTY PLAZA		
	165 BROADWAY		
CITY/ST/ZIP/CO:	NEW YORK, NY 10006-1466		

NAME:	DAWN CUMMINGS-FRITZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ONE LIBERTY PLAZA		
	165 BROADWAY		
CITY/ST/ZIP/CO:	NEW YORK, NY 10006		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STUART DIFFEY DIRECTOR ONE LIBERTY PLAZA 165 BROADWAY NEW YORK, NY 10006	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN JAMES GAETA DIRECTOR ONE LIBERTY PLAZA NEW YORK, NY 10006	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ALI RIFAI GEN COUNSEL ONE LIBERTY PLAZA NEW YORK, NY 10006	<input checked="" 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/ THOMAS FRANCIS GROGAN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	THOMAS FRANCIS GROGAN, SECRETARY PRINTED NAME AND CORPORATE TITLE	1/3/2013 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.			