

1.) CORPORATION NAME:

CENTRE INSURANCE COMPANY

DUE DATE: **1/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

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

SCC ID NO: **F0328593**

RICHMOND, VA

5.) STOCK INFORMATION

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:	STUART DIFFEY	<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:	MARY ROSE BOSKO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	ONE LIBERTY PLAZA		
CITY/ST/ZIP/CO:	NEW YORK, NY 10006		

NAME:	ALI RIFAI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	GEN COUNSEL		
ADDRESS:	ONE LIBERTY PLAZA		
CITY/ST/ZIP/CO:	NEW YORK, NY 10006		

NAME:	MARY LYN DENIRO	<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		
CITY/ST/ZIP/CO:	165 BROADWAY NEW YORK, NY 10006		

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

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/ MARY LYN DENIRO	MARY LYN DENIRO, SECRETARY	4/15/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.