

1.) CORPORATION NAME:

DUE DATE: **6/30/2014**

Praetorian Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F0410631**

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	170,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: WALL STREET PLAZA
88 PINE STREET

CITY/ST/ZIP: NEW YORK, NY 10005

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.

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JOANNA COLANERI	
TITLE:	TREASURER	
ADDRESS:	WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	JODIE L BURTNETT	
TITLE:	ASST SECRETARY	
ADDRESS:	ONE GENERAL DRIVE SUN PRAIRIE, WI 53596	
CITY/ST/ZIP/CO:		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	Jose Gonzalez	
TITLE:	SECRETARY	
ADDRESS:	WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005	
CITY/ST/ZIP/CO:		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	HARVEY BAZAAR	
TITLE:	DIRECTOR	
ADDRESS:	WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005	
CITY/ST/ZIP/CO:		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	GREGORY DEAL	
TITLE:	DIRECTOR	
ADDRESS:	7333 SUNWOOD DRIVE RAMSEY, MN 55303	
CITY/ST/ZIP/CO:		

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	SUSAN HARNETT	
TITLE:	DIRECTOR	
ADDRESS:	WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005	
CITY/ST/ZIP/CO:		

NAME: JOHN LANGIONE TITLE: DIRECTOR ADDRESS: WALL STREET PLAZA 88 PINE STREET CITY/ST/ZIP/CO: NEW YORK, NY 10005	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARC METCALF TITLE: DIRECTOR ADDRESS: WALL STREET PLAZA 88 PINE STREET CITY/ST/ZIP/CO: NEW YORK, NY 10005	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Robert James TITLE: PRESIDENT ADDRESS: Wall Street Plaza 88 Pine Street CITY/ST/ZIP/CO: New York, NY 10005	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: David Duclos TITLE: DIRECTOR ADDRESS: Wall Street Plaza 88 Pine Street CITY/ST/ZIP/CO: New York, NY 10005	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Richard Dziadzio TITLE: DIRECTOR ADDRESS: Wall Street Plaza 88 Pine Street CITY/ST/ZIP/CO: New York, NY 10005	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: John Graf TITLE: DIRECTOR ADDRESS: Wall Street Plaza 88 Pine Street CITY/ST/ZIP/CO: New York, NY 10005	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Jeff Grange TITLE: DIRECTOR ADDRESS: Wall Street Plaza 88 Pine Street CITY/ST/ZIP/CO: New York, NY 10005	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Truett Tate TITLE: DIRECTOR ADDRESS: Wall Street Plaza 88 Pine Street CITY/ST/ZIP/CO: New York, NY 10005	<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/ JODIE L BURTNETT SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JODIE L BURTNETT, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE
6/19/2014 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.	