

1.) CORPORATION NAME: <b>Jefferson Insurance Company</b>	DUE DATE: <b>5/31/2013</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA</b>	SCC ID NO: <b>F0457343</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>NY</b>	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1633 Broadway  
42nd Floor

CITY/ST/ZIP: New York, NY 10019

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: MARK HUNTLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: DIRECTOR		
ADDRESS: 1633 Broadway		
CITY/ST/ZIP/CO: New York, NY 10019		

NAME: FREDERICK FAETT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: SECRETARY		
ADDRESS: 1633 Broadway		
CITY/ST/ZIP/CO: New York, NY 10019		

NAME: Michael Nelson	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: PRESIDENT		
ADDRESS: 1633 Broadway		
CITY/ST/ZIP/CO: New York, NY 10019		

NAME: Daniel Wichels	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE: VP/Tres/Ass Sec		
ADDRESS: 1633 Broadway		
CITY/ST/ZIP/CO: New York, NY 10019		

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/ Daniel Wichels	Daniel Wichels, VP/Tres/Ass Sec	4/25/2013
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.