

1.) CORPORATION NAME:

Blue Ridge Indemnity Company

DUE DATE: **10/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1272337**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

WI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE GENERAL DRIVE

CITY/ST/ZIP: SUN PRAIRIE, WI 53596

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:	DOMINGO ANTONIO CID	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005		
CITY/ST/ZIP/CO:			
NAME:	Joanna Colaneri	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005		
CITY/ST/ZIP/CO:			
NAME:	JODIE L BURTNETT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	ONE GENERAL DRIVE SUN PRAIRIE, WI 53596		
CITY/ST/ZIP/CO:			
NAME:	JENNIFER J VERNON	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	ONE GENERAL DRIVE SUN PRAIRIE, WI 53596		
CITY/ST/ZIP/CO:			
NAME:	HARVEY BAZAAR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005		
CITY/ST/ZIP/CO:			
NAME:	CHRISTOPHER DAVIES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	210 INTERSTATE N PARKWAY S.E. ATLANTA, GA 30339		
CITY/ST/ZIP/CO:			

NAME: GREG DEAL TITLE: DIRECTOR ADDRESS: 7333 SUNWOOD DRIVE CITY/ST/ZIP/CO: RAMSEY, MN 55303	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROD FARRELL TITLE: DIRECTOR ADDRESS: WALL STREET PLAZA CITY/ST/ZIP/CO: 88 PINE STREET NEW YORK, NY 10005	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: Richard Dziadzio TITLE: DIRECTOR ADDRESS: WALL STREET PLAZA CITY/ST/ZIP/CO: 88 PINE STREET NEW YORK, NY 10005	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: SUSAN HARNETT TITLE: DIRECTOR ADDRESS: WALL STREET PLAZA CITY/ST/ZIP/CO: 88 PINE STREET NEW YORK, NY 10005	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN LANGIONE TITLE: DIRECTOR ADDRESS: WALL STREET PLAZA CITY/ST/ZIP/CO: 88 PINE STREET NEW YORK, NY 10005	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MARC METCALF TITLE: DIRECTOR ADDRESS: WALL STREET PLAZA CITY/ST/ZIP/CO: 88 PINE STREET NEW YORK, NY 10005	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JOHN NEAL TITLE: DIRECTOR ADDRESS: WALL STREET PLAZA CITY/ST/ZIP/CO: 88 PINE STREET NEW YORK, NY 10005	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ANTHONY PRZYBYSZEWSKI TITLE: DIRECTOR ADDRESS: WALL STREET PLAZA CITY/ST/ZIP/CO: 88 PINE STREET NEW YORK, NY 10005	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: David Duclos TITLE: DIRECTOR ADDRESS: WALL STREET PLAZA CITY/ST/ZIP/CO: 88 PINE STREET 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
10/23/2013 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.