

1.) CORPORATION NAME:

DUE DATE: **2/28/2011**

CATERPILLAR INSURANCE SERVICES CORPORATION

SCC ID NO: **F1370867**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

TN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 2120 WEST END AVE

CITY/ST/ZIP: NASHVILLE, TN 37203-

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: DONALD J MEYERS
TITLE: SECRETARY
ADDRESS: 2120 WEST END AVE
CITY/ST/ZIP/CO: NASHVILLE, TN 37203-

OFFICER

DIRECTOR

NAME: KENT M ADAMS
TITLE: DIRECTOR
ADDRESS: 2120 WEST END AVE
CITY/ST/ZIP/CO: NASHVILLE, TN 37203-

OFFICER

DIRECTOR

NAME: BRIAN P LEPAGE
TITLE: VICE PRESIDENT
ADDRESS: 2120 WEST END AVE
CITY/ST/ZIP/CO: NASHVILLE, TN 37203-

OFFICER

DIRECTOR

NAME: JEFFREY L PRIDGEN
TITLE: VICE PRESIDENT
ADDRESS: 2120 WEST END AVE
CITY/ST/ZIP/CO: NASHVILLE, TN 37203-

OFFICER

DIRECTOR

NAME: TIMOTHY S WATTS
TITLE: ASSISTANT VP
ADDRESS: 2120 WEST END AVE
CITY/ST/ZIP/CO: NASHVILLE, TN 37203-

OFFICER

DIRECTOR

NAME: GLEN H STRANDQUIST TITLE: VICE PRESIDENT ADDRESS: 2120 WEST END AVE CITY/ST/ZIP/CO: NASHVILLE, TN 37203-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: ROBIN D BERAN TITLE: ASST TREASURER ADDRESS: 100 NE ADAMS ST CITY/ST/ZIP/CO: PEORIA, IL 61629-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MICHAEL D REEVES TITLE: PRESIDENT ADDRESS: 2120 WEST END AVENUE CITY/ST/ZIP/CO: NASHVILLE, TN 37203-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: MICHAEL D FAORO TITLE: VICE PRESIDENT ADDRESS: 2120 WEST END AVE CITY/ST/ZIP/CO: NASHVILLE, TN 37203-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: STEVEN B RESNICK TITLE: VP/TREASURER ADDRESS: 2120 WEST END AVENUE CITY/ST/ZIP/CO: NASHVILLE, TN 37203-	<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/ DONALD J MEYERS _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DONALD J MEYERS, SECRETARY _____ PRINTED NAME AND CORPORATE TITLE
2/8/2011 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.	