

1.) CORPORATION NAME:

**CATERPILLAR INSURANCE SERVICES CORPORATION**

DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1370867**

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:	DAVID E. GUNNELL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	100 N.E. ADAMS STREET		
CITY/ST/ZIP/CO:	PEORIA, IL 61629		
NAME:	Robert C Thompson	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	2120 WEST END AVENUE		
CITY/ST/ZIP/CO:	NASHVILLE, TN 37203		
NAME:	STEVEN B RESNICK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/T		
ADDRESS:	2120 WEST END AVENUE		
CITY/ST/ZIP/CO:	NASHVILLE, TN 37203		
NAME:	MICHAEL D FAORO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2120 WEST END AVE		
CITY/ST/ZIP/CO:	NASHVILLE, TN 37203		
NAME:	BRIAN P LEPAGE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2120 WEST END AVE		
CITY/ST/ZIP/CO:	NASHVILLE, TN 37203		
NAME:	JEFFREY L PRIDGEN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	2120 WEST END AVE		
CITY/ST/ZIP/CO:	NASHVILLE, TN 37203		

NAME:                   TIMOTHY S WATTS TITLE:                   ASSISTANT VP ADDRESS:               2120 WEST END AVE CITY/ST/ZIP/CO:       NASHVILLE, TN 37203	<input checked="" type="checkbox"/> OFFICER	<input 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:                   DONALD J MEYERS TITLE:                   SECRETARY ADDRESS:               2120 WEST END AVE CITY/ST/ZIP/CO:       NASHVILLE, TN 37203	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:                   KENT M ADAMS TITLE:                   DIRECTOR ADDRESS:               2120 WEST END AVE CITY/ST/ZIP/CO:       NASHVILLE, TN 37203	<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/ DAVID E. GUNNELL	DAVID E. GUNNELL, PRESIDENT	1/9/2013
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.		