

1.) CORPORATION NAME:

CATERPILLAR INSURANCE SERVICES CORPORATION

DUE DATE: **2/28/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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.

<p>NAME: ROBERT C THOMPSON TITLE: PRESIDENT ADDRESS: 2120 WEST END AVENUE CITY/ST/ZIP/CO: NASHVILLE, TN 37203</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: HARRY C KOBRAK TITLE: VICE PRESIDENT ADDRESS: 2120 WEST END AVENUE CITY/ST/ZIP/CO: NASHVILLE, TN 37203</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: STEVEN B RESNICK TITLE: VP/T ADDRESS: 2120 WEST END AVENUE CITY/ST/ZIP/CO: NASHVILLE, TN 37203</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MICHAEL D FAORO TITLE: VICE PRESIDENT ADDRESS: 2120 WEST END AVE CITY/ST/ZIP/CO: NASHVILLE, TN 37203</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: BRIAN P LEPAGE TITLE: VICE PRESIDENT ADDRESS: 2120 WEST END AVE CITY/ST/ZIP/CO: NASHVILLE, TN 37203</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JEFFREY L PRIDGEN TITLE: VICE PRESIDENT ADDRESS: 2120 WEST END AVE CITY/ST/ZIP/CO: NASHVILLE, TN 37203</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TIMOTHY S WATTS ASSISTANT VP 2120 WEST END AVE NASHVILLE, TN 37203	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBIN D BERAN ASST TREASURER 100 NE ADAMS ST PEORIA, IL 61629	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONALD J MEYERS SECRETARY 2120 WEST END AVE NASHVILLE, TN 37203	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENT M ADAMS DIRECTOR 2120 WEST END AVE NASHVILLE, TN 37203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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	DONALD J MEYERS, SECRETARY	3/18/2015
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.