

1.) CORPORATION NAME:

CATERPILLAR INSURANCE COMPANY

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**

DUE DATE: **8/31/2011**

SCC ID NO: **F1439399**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
MO

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: MICHAEL D REEVES
TITLE: PRESIDENT
ADDRESS: 2120 WEST END AVE
CITY/ST/ZIP/CO: NASHVILLE, TN 37203-

OFFICER

DIRECTOR

NAME: LARRY K SMITH
TITLE: PRESIDENT
ADDRESS: 2120 WEST END AVENUE
CITY/ST/ZIP/CO: NASHVILLE, TN 37203-

OFFICER

DIRECTOR

NAME: MICHAEL D FAORO
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: GLEN H STRANDQUIST
TITLE: VICE PRESIDENT
ADDRESS: 2120 WEST END AVENUE
CITY/ST/ZIP/CO: NASHVILLE, TN 37203-

OFFICER

DIRECTOR

NAME: DONALD J MEYERS TITLE: VP/S/GC 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 STREET CITY/ST/ZIP/CO: PEORIA, IL 61629-4295	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: FEDERICO FOLICHI-VICCI TITLE: DIRECTOR ADDRESS: 76 ROUTE DE FRONTENEX CITY/ST/ZIP/CO: GENEVA,, SWITZERLAND	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: BRIAN P LEPAGE TITLE: DIRECTOR ADDRESS: 2120 WEST END AVENUE CITY/ST/ZIP/CO: NASHVILLE, TN 37203-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: STEVEN B RESNICK TITLE: DIRECTOR ADDRESS: 2120 WEST END CITY/ST/ZIP/CO: NASHVILLE, TN 37203-	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: KENT M ADAMS TITLE: DIRECTOR ADDRESS: 2120 WEST END AVENUE 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.	
<u>/s/ DONALD J MEYERS</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>DONALD J MEYERS, VP/S/GC</u> PRINTED NAME AND CORPORATE TITLE
<u>7/12/2011</u> 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.	