

1.) CORPORATION NAME:

**CATERPILLAR INSURANCE COMPANY**

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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.

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|---|---|--|
| NAME: MICHAEL D REEVES<br>TITLE: PRESIDENT<br>ADDRESS: 2120 WEST END AVE<br>CITY/ST/ZIP/CO: NASHVILLE, TN 37203           | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: LARRY K SMITH<br>TITLE: PRESIDENT<br>ADDRESS: 2120 WEST END AVENUE<br>CITY/ST/ZIP/CO: NASHVILLE, TN 37203           | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: MICHAEL D FAORO<br>TITLE: VICE PRESIDENT<br>ADDRESS: 2120 WEST END AVE<br>CITY/ST/ZIP/CO: NASHVILLE, TN 37203       | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: JEFFREY L PRIDGEN<br>TITLE: VICE PRESIDENT<br>ADDRESS: 2120 WEST END AVE<br>CITY/ST/ZIP/CO: NASHVILLE, TN 37203     | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: GLEN H STRANDQUIST<br>TITLE: VICE PRESIDENT<br>ADDRESS: 2120 WEST END AVENUE<br>CITY/ST/ZIP/CO: NASHVILLE, TN 37203 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: DONALD J MEYERS<br>TITLE: VP/S/GC<br>ADDRESS: 2120 WEST END AVE<br>CITY/ST/ZIP/CO: NASHVILLE, TN 37203              | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |

|  |   |   |  |
|--|---|---|--|
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | ROBIN D BERAN<br>ASST TREASURER<br>100 NE ADAMS STREET<br>PEORIA, IL 61629-4295 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR            |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | FEDERICO FOLICHI-VICCI<br>DIRECTOR<br>76 ROUTE DE FRONTENEX<br>, , FN           | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | BRIAN P LEPAGE<br>DIRECTOR<br>2120 WEST END AVENUE<br>NASHVILLE, TN 37203       | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | STEVEN B RESNICK<br>DIRECTOR<br>2120 WEST END<br>NASHVILLE, TN 37203            | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:<br>TITLE:<br>ADDRESS:<br>CITY/ST/ZIP/CO:   | KENT M ADAMS<br>DIRECTOR<br>2120 WEST END AVENUE<br>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/ MICHAEL D REEVES<br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT  | MICHAEL D REEVES, PRESIDENT<br>PRINTED NAME AND CORPORATE TITLE                 | 8/7/2012<br>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. |   |   |  |