

1.) CORPORATION NAME:

CATERPILLAR INSURANCE COMPANY

DUE DATE: **8/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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.

<p>NAME: LARRY K SMITH 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: 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 checked="" 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 checked="" type="checkbox"/> DIRECTOR
<p>NAME: GLEN H STRANDQUIST 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: DONALD J MEYERS TITLE: VP/S/GC ADDRESS: 2120 WEST END AVE CITY/ST/ZIP/CO: NASHVILLE, TN 37203</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ROBIN D BERAN TITLE: ASST TREASURER ADDRESS: 100 NE ADAMS STREET CITY/ST/ZIP/CO: PEORIA, IL 61629-4295</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	FEDERICO FOLICHI-VICCI DIRECTOR 76 ROUTE DE FRONTENEX , , FN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN P LEPAGE DIRECTOR 2120 WEST END AVENUE NASHVILLE, TN 37203	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN B RESNICK DIRECTOR 2120 WEST END NASHVILLE, TN 37203	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENT M ADAMS DIRECTOR 2120 WEST END AVENUE NASHVILLE, TN 37203	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Robert Clay Thompson PRESIDENT 2120 West End Avenue 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, VP/S/GC PRINTED NAME AND CORPORATE TITLE	12/26/2013 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.			