

1.) CORPORATION NAME: Continental Western Insurance Company 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: IA	DUE DATE: 3/31/2014 SCC ID NO: F1542689 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMV</td> <td>1,000,000</td> </tr> </table>	CLASS	AUTHORIZED	COMV	1,000,000
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6.) PRINCIPAL OFFICE ADDRESS:
ADDRESS: 11201 DOUGLAS AVE
CITY/ST/ZIP: URBANDALE, IA 50322

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 G CONNOR TITLE: PRESIDENT ADDRESS: 11201 DOUGLAS AVENUE CITY/ST/ZIP/CO: URBANDALE, IA 50322	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JOHN F THELEN TITLE: VP/SEC ADDRESS: 11201 DOUGLAS AVE CITY/ST/ZIP/CO: URBANDALE, IA 50322	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: ANN M COLLINS TITLE: T/VP ADDRESS: 11201 DOUGLAS AVENUE CITY/ST/ZIP/CO: URBANDALE, IA 50322	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: CHARLES J WEST TITLE: VICE PRESIDENT ADDRESS: 11201 DOUGLAS AVENUE CITY/ST/ZIP/CO: URBANDALE, IA 50322	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: WILLIAM R BERKLEY JR TITLE: CHAIRMAN ADDRESS: W.R. BERKLEY CORP 475 STEAMBOAT RD CITY/ST/ZIP/CO: GREENWICH, CT 06830	<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/ ANN M COLLINS	ANN M COLLINS, T/VP	4/14/2014
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.