

1.) CORPORATION NAME:

FirstComp Underwriters Group, Inc.

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD SUITE 301
GLEN ALLEN, VA**

SCC ID NO: **F1558545**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

NE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 222 S 15TH ST
#1500N

CITY/ST/ZIP: OMAHA, NE 68102

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:	MATTHEW H PARKER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	222 S 15TH STREET #1500N		
CITY/ST/ZIP/CO:	OMAHA, NE 68102		

NAME:	JERICO R VINSONHALER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	222 S. 15TH STREET, SUITE 1500N		
CITY/ST/ZIP/CO:	OMAHA, NE 68102		

NAME:	JAMES P ARNOLD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/ASST SEC		
ADDRESS:	222 S 15TH STREET, #1500N		
CITY/ST/ZIP/CO:	OMAHA, NE 68102		

NAME:	S GREGORY DONSBACH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	222 S 15TH STREET, #1500N		
CITY/ST/ZIP/CO:	OMAHA, NE 68102		

NAME:	D. MICHAEL JONES	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/ASST SEC		
ADDRESS:	4521 HIGHWOODS PARKWAY		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		

NAME:	ANNE G WALESKI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/ASST TREASUR		
ADDRESS:	4521 HIGHWOODS PARKWAY		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		

NAME:	STEPHEN LETAK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	222 S 15TH ST		
CITY/ST/ZIP/CO:	#1500N OMAHA, NE 68102		
NAME:	APRIL DUFF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST TREASURER		
ADDRESS:	4521 HIGHWOODS PARKWAY		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		
NAME:	RICHARD R GRINNAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	4521 HIGHWOODS PARKWAY		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		
NAME:	GERRY ALBANESE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4521 HIGHWOODS PARKWAY		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		
NAME:	F. MICHAEL CROWLEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4521 HIGHWOODS PARKWAY		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		
NAME:	BRITTON L GLISSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4521 HIGHWOODS PARKWAY		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		
NAME:	STEVEN A MARKEL	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4521 HIGHWOODS PARKWAY		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		
NAME:	RICHARD R WHITT, III	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4521 HIGHWOODS PARKWAY		
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060		
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/ MATTHEW H PARKER	MATTHEW H PARKER,	7/8/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT	DATE	
	PRINTED NAME AND CORPORATE TITLE		
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.			