

1.) CORPORATION NAME:

FirstComp Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI C T CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060**

DUE DATE: **8/31/2010**

SCC ID NO: **F1596917**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	15,000

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	LUKE YERANSIAN	
TITLE:	P/CEO	
ADDRESS:	222 S 15TH ST #1500N	
CITY/ST/ZIP/CO:	OMAHA, NE 68102-	

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	STEPHEN LETAK	
TITLE:	TREASURER	
ADDRESS:	222 S 15TH ST #1500N	
CITY/ST/ZIP/CO:	OMAHA, NE 68102-	

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

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

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER REICHERT PRESIDENT 222 S 15TH ST #1500N OMAHA, NE 68102-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES P ARNOLD ASST SECRETARY 222 S 15TH STREET, #1500N OMAHA, NE 68102-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID L SPENCE DIRECTOR 222 S 15TH STREET, #1500N OMAHA, NE 68102-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH H ZEKAVAT DIRECTOR 222 S 15TH STREET, #1500N OMAHA, NE 68102-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHAD C BERTUCCI VICE PRESIDENT 222 S 15TH STREET, #1500N OMAHA, NE 68102-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD T MAGSAM ASST TREASURER 222 S 15TH STREET, #1500N OMAHA, NE 68102-	<input checked="" type="checkbox"/> OFFICER	<input 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/ JAMES P ARNOLD</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES P ARNOLD, ASST <u>SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>8/4/2010</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.			