

SCC eFile
(6/10)

2011 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

211518002

1.) CORPORATION NAME:

FirstComp Insurance Company

DUE DATE: **8/31/2011**

SCC ID NO: **F1596917**

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

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.

NAME: ROBERT N PHANEUF OFFICER DIRECTOR
TITLE: VICE PRESIDENT
ADDRESS: 222 S 15TH ST
#1500N
CITY/ST/ZIP/CO: OMAHA, NE 68102-

NAME: CHAD C BERTUCCI OFFICER DIRECTOR
TITLE: VICE PRESIDENT
ADDRESS: 222 S 15TH STREET, #1500N
CITY/ST/ZIP/CO: OMAHA, NE 68102-

NAME: JAMES P ARNOLD OFFICER DIRECTOR
TITLE: ASST SECRETARY
ADDRESS: 222 S 15TH STREET, #1500N
CITY/ST/ZIP/CO: OMAHA, NE 68102-

NAME: STEPHEN LETAK OFFICER DIRECTOR
TITLE: TREASURER
ADDRESS: 222 S 15TH ST
#1500N
CITY/ST/ZIP/CO: OMAHA, NE 68102-

NAME: CHRISTOPHER REICHERT OFFICER DIRECTOR
TITLE: VICE PRESIDENT
ADDRESS: 222 S 15TH ST
#1500N
CITY/ST/ZIP/CO: OMAHA, NE 68102-

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LUKE YERANSIAN 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:	LEIGH SNOW ASST SECRETARY 222 S 15TH ST #1500N OMAHA, NE 68102-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANNE G WALESKI VP/Asst Treasur 4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	D MICHAEL JONES VP/Asst Sec 4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	APRIL DUFF ASST TREASURER 4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LINDA S ROTZ SECRETARY 4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEIDRE DIANE BALBUENA Assistant VP 4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBIN RUSSO Assistant VP 4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KATHLEEN STURGEON ASST SECRETARY 4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN A MARKEL DIRECTOR 4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD R WHITT, III DIRECTOR 4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	F. MICHAEL CROWLEY DIRECTOR 4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GERRY ALBANESE DIRECTOR 4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRITTON L GLISSON DIRECTOR 4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ JAMES P ARNOLD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES P ARNOLD, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	8/12/2011 DATE
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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.