

1.) CORPORATION NAME:

FirstComp Insurance Company

DUE DATE: **8/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060**

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.

<p>NAME: DEIDRE DIANE BALBUENA TITLE: ASSISTANT VP ADDRESS: 4521 HIGHWOODS PARKWAY CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: CHAD C BERTUCCI TITLE: VICE PRESIDENT ADDRESS: 222 S 15TH STREET, #1500N CITY/ST/ZIP/CO: OMAHA, NE 68102</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: D MICHAEL JONES TITLE: VP/ASST SEC ADDRESS: 4521 HIGHWOODS PARKWAY CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: ROBIN RUSSO TITLE: ASSISTANT VP ADDRESS: 4521 HIGHWOODS PARKWAY CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: ANNE G WALESKI TITLE: VP/ASST TREASUR ADDRESS: 4521 HIGHWOODS PARKWAY CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060</p>	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
<p>NAME: LINDA S ROTZ TITLE: SECRETARY ADDRESS: 4521 HIGHWOODS PARKWAY CITY/ST/ZIP/CO: GLEN ALLEN, VA 23060</p>	<input checked="" type="checkbox"/> OFFICER <input 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 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:	STEPHEN LETAK TREASURER 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:	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:	GERRY ALBANESE DIRECTOR 4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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
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
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
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Matthew H Parker PRESIDENT 222 S. 15th Street, Suite 1500N Omaha, NE 68102	<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/ JAMES P ARNOLD SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JAMES P ARNOLD, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	6/29/2012 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.