

SCC eFile

2013 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

213543286

1.) CORPORATION NAME:

**FirstComp Insurance Company**

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

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

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:	MATTHEW H PARKER				
TITLE:	PRESIDENT				
ADDRESS:	222 S. 15TH STREET, SUITE 1500N				
CITY/ST/ZIP/CO:	OMAHA, NE 68102				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	DEIDRE DIANE BALBUENA				
TITLE:	ASSISTANT VP				
ADDRESS:	4521 HIGHWOODS PARKWAY				
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060				

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

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

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	ROBIN RUSSO				
TITLE:	ASSISTANT VP				
ADDRESS:	4521 HIGHWOODS PARKWAY				
CITY/ST/ZIP/CO:	GLEN ALLEN, VA 23060				

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

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:	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:	RICHARD R GRINNAN SECRETARY 4521 HIGHWOODS PARKWAY GLEN ALLEN, VA 23060	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GENEVIEVE K MURTAUGH 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:	KELLI SUE PLUSCH 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:	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:	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:	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.

<u>/s/ KATHLEEN STURGEON</u>	<u>KATHLEEN STURGEON, ASST</u>	<u>9/17/2013</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.