

1.) CORPORATION NAME:

BATESVILLE CASKET COMPANY, INC.

DUE DATE: **3/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1740648**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IN

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE BATESVILLE BLVD

CITY/ST/ZIP: BATESVILLE, IN 47006

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:	KIMBERLY K DENNIS	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/DIR		
ADDRESS:	ONE BATESVILLE BLVD.		
CITY/ST/ZIP/CO:	BATESVILLE, IN 47006		
NAME:	CHRISTOPHER H. TRAINOR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	ONE BATESVILLE BLVD.		
CITY/ST/ZIP/CO:	BATESVILLE, IN 47006		
NAME:	RICHARD S BARNETT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/GC/SEC		
ADDRESS:	ONE BATESVILLE BLVD		
CITY/ST/ZIP/CO:	BATESVILLE, IN 47006		
NAME:	TROY BRAKE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	ONE BATESVILLE BLVD.		
CITY/ST/ZIP/CO:	BATESVILLE, IN 47006		
NAME:	JASON BURLAGE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	ONE BATESVILLE BLVD.		
CITY/ST/ZIP/CO:	BATESVILLE, IN 47006		
NAME:	MICHAEL L DIBEAUSE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	ONE BATESVILLE BLVD		
CITY/ST/ZIP/CO:	BATESVILLE, IN 47006		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN SCHUTTE VICE PRESIDENT ONE BATESVILLE BLVD. BATESVILLE, IN 47006	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TROY TURNER VICE PRESIDENT ONE BATESVILLE BLVD. BATESVILLE, IN 47006	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THEODORE S. HADDAD TREASURER ONE BATESVILLE BLVD. BATESVILLE, IN 47006	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KENNETH A CAMP DIRECTOR ONE BATESVILLE BLVD. BATESVILLE, IN 47006	<input 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/ RICHARD S BARNETT	RICHARD S BARNETT, VP/GC/SEC	2/21/2013	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	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.			