

1.) CORPORATION NAME:

**BrickStreet Mutual Insurance Company**

DUE DATE: **3/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1820150**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 400 QUARRIER STREET

CITY/ST/ZIP: CHARLESTON, WV 25301

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:	GREGORY BURTON	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P,CEO		
ADDRESS:	400 QUARRIER STREET		
CITY/ST/ZIP/CO:	CHARLESTON, WV 25301		
NAME:	CHRISTOPHER HOWAT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP,TREA,CFO		
ADDRESS:	400 QUARRIER STREET		
CITY/ST/ZIP/CO:	CHARLESTON, WV 25301		
NAME:	MARTY BECKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	MAX CAPITAL GROUP LTD MAX HOUSE 2 FRONT STREE T HAMILTON HM 11 BERMUDA , , FN		
CITY/ST/ZIP/CO:			
NAME:	THOMAS V FLAHERTY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	200 CAPITOL STREET		
CITY/ST/ZIP/CO:	CHARLESTON, WV 25301		
NAME:	T.J. OBROKTA JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SR VP, Sec, GC		
ADDRESS:	400 QUARRIER STREET		
CITY/ST/ZIP/CO:	CHARLESTON, WV 25301		
NAME:	David Rader	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	600 Virginia Street, East		
CITY/ST/ZIP/CO:	Charleston, WV 25301		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Stephen Roberts DIRECTOR P.O. Box 2789 Charleston, WV 25314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	--	----------------------------------	--

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Steven White DIRECTOR 405 Capitol Street, Suite 908 Charleston, WV 25301	<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/ GREGORY BURTON	GREGORY BURTON, P.CEO	3/29/2012
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.