

1.) CORPORATION NAME:

**BrickStreet Mutual Insurance Company**

DUE DATE: **3/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1820150**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**WV**

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:	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:	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:	400 QUARRIER STREET		
CITY/ST/ZIP/CO:	CHARLESTON, WV 25301-9999		
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:	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:                   STEPHEN ROBERTS TITLE:                   DIRECTOR ADDRESS:               P.O. BOX 2789 CITY/ST/ZIP/CO:       CHARLESTON, WV 25314	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME:                   STEVEN WHITE TITLE:                   DIRECTOR ADDRESS:               405 CAPITOL STREET, SUITE 908 CITY/ST/ZIP/CO:       CHARLESTON, WV 25301	<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.

<u>/s/ T.J. OBROKTA JR</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>T.J. OBROKTA JR, SR VP, SEC, GC</u> PRINTED NAME AND CORPORATE TITLE	<u>4/20/2015</u> 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.