

1.) CORPORATION NAME:

**PRESERVER INSURANCE COMPANY**

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1908336**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**NJ**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 120 BROADWAY 31ST FL

CITY/ST/ZIP: NEW YORK, NY 10271

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: WILLIAM HITSELBERGER TITLE: OFF/DIR ADDRESS: 120 BROADWAY 31ST FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10271</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ELLIOT SCOTT OROL TITLE: OFF/DIR ADDRESS: 120 BROADWAY 31ST FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10271</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ADAM PERRI TITLE: OFFICER ADDRESS: 120 BROADWAY 31ST FLOOR CITY/ST/ZIP/CO: NEW YORK, NY 10271</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: EDUARD PULKSTENIS TITLE: OFF/DIR ADDRESS: 120 Broadway, 30th floor CITY/ST/ZIP/CO: New York, NY 10271</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: WILLIAM F. DOVE TITLE: OFF/DIR ADDRESS: 120 Broadway, 31st Floor CITY/ST/ZIP/CO: New York, NY 10271</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: GARY S Maier TITLE: DIR/OFF ADDRESS: 120 Broadway, 31st floor CITY/ST/ZIP/CO: New York, NY 10271</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	VITO NIGRO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	120 Broadway, 30th Floor		
CITY/ST/ZIP/CO:	New York, NY 10271		

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/ ADAM PERRI	ADAM PERRI, OFFICER	9/20/2013
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.