


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90164 006 ***150.00

DOCUMENT # 824834	
1. Entity Name CATERPILLAR INSURANCE COMPANY	

Principal Place of Business 2120 WEST END AVENUE NASHVILLE, TN 37203	Mailing Address P O BOX 340001 NASHVILLE, TN 37203-0001 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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400-700-22



03242006 Chg-P CR2E034 (11/05)

4. FEI Number 43-0793666	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent OFFICE OF INSURANCE REGULATION CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REEVES, MICHAEL D 2120 WEST END AVENUE NASHVILLE, TN 37203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition SEE ATTACHED LISTING
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV MEYERS, DONALD JAMES 2120 WEST END AVENUE NASHVILLE, TN 37203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDV RESNICK, STEVE B 2120 WEST END AVENUE NASHVILLE, TN 37203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEPAGE, BRIAN P 2120 WEST END AVENUE NASHVILLE, TN 37203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PRIDGEN, JEFFREY LYNN 2120 WEST END AVENUE NASHVILLE, TN 37203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUSSELL, LAVONA 2120 WEST END AVENUE NASHVILLE, TN 37203 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Donald J. Meyers** **615/341-1115**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT 40078021
824834

**CATERPILLAR INSURANCE COMPANY
2006 ANNUAL REPORT
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS**

OFFICERS & DIRECTORS
(continued)

Name: Kent M. Adams
Title: Director
Address: 2120 West End Avenue
City/St/ZIP: Nashville, TN 37203

Name: David L. Bomberger
Title: Director
Address: 100 NE Adams Street
City/St/ZIP: Peoria, IL 61602

Name: James R. Bynum
Title: Vice President and Director
Address: 2120 West End Avenue
City/St/ZIP: Nashville, TN 37203

Name: Larry K. Smith
Title: Vice President and Director
Address: 2120 West End Avenue
City/St/ZIP: Nashville, TN 37203

Name: Robin D. Beran
Title: Assistant Treasurer
Address: 100 NE Adams Street
City/St/ZIP: Peoria, IL 61629