

1.) CORPORATION NAME:

DUE DATE: **6/30/2011**

SENTRY INSURANCE A MUTUAL COMPANY

SCC ID NO: **F0018400**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.
AUTH IN VI
CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

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:
WI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1800 NORTH POINT DRIVE

CITY/ST/ZIP: STEVENS POINT, WI 54481-

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: WILLIAM J LOHR
TITLE: VP/T
ADDRESS: 1800 NORTH POINT DRIVE
CITY/ST/ZIP/CO: STEVENS POINT, WI 54481-

OFFICER DIRECTOR

NAME: WILLIAM M O'REILLY
TITLE: VP/GC/S
ADDRESS: 1800 NORTH POINT DRIVE
CITY/ST/ZIP/CO: STEVENS POINT, WI 54481-

OFFICER DIRECTOR

NAME: JAMES J WEISHAN
TITLE: VICE PRESIDENT
ADDRESS: 1800 NORTH POINT DRIVE
CITY/ST/ZIP/CO: STEVENS POINT, WI 54481-

OFFICER DIRECTOR

NAME: DALE R SCHUH
TITLE: CEO/COB
ADDRESS: 1800 NORTH POINT DRIVE
CITY/ST/ZIP/CO: STEVENS POINT, WI 54481-

OFFICER DIRECTOR

NAME: PETER G. MCPARTLAND
TITLE: PRESIDENT
ADDRESS: 1800 NORTH POINT DRIVE
CITY/ST/ZIP/CO: STEVENS POINT, WI 54481-

OFFICER DIRECTOR

NAME: JEAN H. REGAN TITLE: DIRECTOR ADDRESS: 1800 NORTH POINT DRIVE CITY/ST/ZIP/CO: STEVENS POINT, WI 54481-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: PETER J. PESTILLO TITLE: DIRECTOR ADDRESS: 1800 NORTH POINT DRIVE CITY/ST/ZIP/CO: STEVENS POINT, WI 54481-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES D. PEARSON TITLE: DIRECTOR ADDRESS: 1800 NORTH POINT DRIVE CITY/ST/ZIP/CO: STEVENS POINT, WI 54481-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: STEPHANIE PACE MARSHALL TITLE: DIRECTOR ADDRESS: 1800 NORTH POINT DRIVE CITY/ST/ZIP/CO: STEVENS POINT, WI 54481-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM D. HARVEY TITLE: DIRECTOR ADDRESS: 1800 NORTH POINT DRIVE CITY/ST/ZIP/CO: STEVENS POINT, WI 54481-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: W. THOMAS GOULD TITLE: DIRECTOR ADDRESS: 1800 NORTH POINT DRIVE CITY/ST/ZIP/CO: STEVENS POINT, WI 54481-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: VINCENT AMOROSO TITLE: DIRECTOR ADDRESS: 1800 NORTH POINT DRIVE CITY/ST/ZIP/CO: STEVENS POINT, WI 54481-	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES B. WIGDALE TITLE: DIRECTOR ADDRESS: 1800 NORTH POINT DRIVE CITY/ST/ZIP/CO: STEVENS POINT, WI 54481-	<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/ WILLIAM M O'REILLY	WILLIAM M O'REILLY, VP/GC/S	5/16/2011
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.