

1.) CORPORATION NAME:

SENTRY INSURANCE A MUTUAL COMPANY

DUE DATE: **6/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0018400**

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: PETER G. MCPARTLAND TITLE: PRESIDENT ADDRESS: 1800 NORTH POINT DRIVE CITY/ST/ZIP/CO: STEVENS POINT, WI 54481	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: KENNETH J. ERLER TITLE: VP/GC/S ADDRESS: 1800 NORTH POINT DRIVE CITY/ST/ZIP/CO: STEVENS POINT, WI 54481	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JAMES J WEISHAN TITLE: VICE PRESIDENT ADDRESS: 1800 NORTH POINT DRIVE CITY/ST/ZIP/CO: STEVENS POINT, WI 54481	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DALE R SCHUH TITLE: COB ADDRESS: 1800 NORTH POINT DRIVE CITY/ST/ZIP/CO: STEVENS POINT, WI 54481	<input checked="" 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: 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: 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: 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: 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: 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: 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: EDMUND R. STEINIKE 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: Michael V. Zimmer TITLE: TREASURER ADDRESS: 1800 North Point Drive CITY/ST/ZIP/CO: Stevens Point, WI 54481	<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME: David R. Casper 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: Leo M. Henikoff 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/ KENNETH J. ERLER SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KENNETH J. ERLER, VP/GC/S PRINTED NAME AND CORPORATE TITLE	5/13/2013 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.				