

1.) CORPORATION NAME:

SENTRY INSURANCE A MUTUAL COMPANY

DUE DATE: **6/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0018400**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

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: CHAIRMAN 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: 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: 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: 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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LEO M. HENIKOFF DIRECTOR 1800 NORTH POINT DRIVE STEVENS POINT, WI 54481	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHANIE PACE MARSHALL DIRECTOR 1800 NORTH POINT DRIVE STEVENS POINT, WI 54481	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES D. PEARSON DIRECTOR 1800 NORTH POINT DRIVE STEVENS POINT, WI 54481	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PETER J. PESTILLO DIRECTOR 1800 NORTH POINT DRIVE STEVENS POINT, WI 54481	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEAN H. REGAN DIRECTOR 1800 NORTH POINT DRIVE STEVENS POINT, WI 54481	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EDMUND R. STEINKE DIRECTOR 1800 NORTH POINT DRIVE STEVENS POINT, WI 54481	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Carol P. Sanders TREASURER 1800 North Point Drive Stevens Point, WI 54481	<input checked="" type="checkbox"/> OFFICER	<input 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	5/5/2014 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.			