

1.) CORPORATION NAME:

Accendo Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060**

DUE DATE: **4/30/2012**

SCC ID NO: **F0134579**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 221 N CHARLES LINDBERGH DR

CITY/ST/ZIP: SALT LAKE CITY, UT 84116

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: LLOYD MCDONALD TITLE: PRESIDENT ADDRESS: 9501 SHEA BLVD CITY/ST/ZIP/CO: SCOTTSDALE, AZ 85260</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JOSEPH C LAPINE TITLE: VICE PRESIDENT ADDRESS: 221 N CHARLES LINDBERGH DR CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84116</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: ANTHONY G STRONG TITLE: TREASURER ADDRESS: 221 N CHARLES LINBERGH DR CITY/ST/ZIP/CO: SALT LAKE CITY, UT 84116</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JAMES G MARITAN TITLE: DIRECTOR ADDRESS: ONE CVS DRIVE CITY/ST/ZIP/CO: NOONSOCKET, RI 02895</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MICHELE W BUCHANAN TITLE: SECRETARY ADDRESS: 9501 E SHEA BLVD CITY/ST/ZIP/CO: SCOTTSDALE, AZ 85260</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: HAROLD NEIL LUND TITLE: ACTUARY ADDRESS: 2211 SANDERS ROAD CITY/ST/ZIP/CO: NORTHBROOK, IL 60062</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TERENCE M CORRIGAN TITLE: ASST TREASURER ADDRESS: ONE CVS DRIVE CITY/ST/ZIP/CO: WOONSOCKET, RI 02895	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
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NAME: TODD MEEK TITLE: DIRECTOR ADDRESS: 9501 E SHEA BLVD CITY/ST/ZIP/CO: SCOTTSDALE, AZ 85260	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR
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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.

<u>/s/ MICHELE W BUCHANAN</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>MICHELE W BUCHANAN,</u> SECRETARY PRINTED NAME AND CORPORATE TITLE	<u>4/6/2012</u> DATE
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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.