

1.) CORPORATION NAME:

DUE DATE: **4/30/2015**

**Accendo Insurance Company**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F0134579**

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

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**UT**

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.

NAME:	LLOYD MCDONALD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	9501 SHEA BLVD		
CITY/ST/ZIP/CO:	SCOTTSDALE, AZ 85260		
NAME:	JOSEPH C LAPINE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	221 N CHARLES LINDBERGH DR		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84116		
NAME:	ANTHONY G STRONG	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	221 N CHARLES LINBERGH DR		
CITY/ST/ZIP/CO:	SALT LAKE CITY, UT 84116		
NAME:	MICHELE W BUCHANAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	9501 E SHEA BLVD		
CITY/ST/ZIP/CO:	SCOTTSDALE, AZ 85260		
NAME:	REBECCA JUSTICE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ACTUARY		
ADDRESS:	29100 AURORA RD.		
CITY/ST/ZIP/CO:	OLON, OH 44139		
NAME:	HAROLD NEIL LUND	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2211 SANDERS ROAD		
CITY/ST/ZIP/CO:	NORTHBROOK, IL 60062		

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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NAME: DENA RUS 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, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>4/3/2015</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.