

1.) CORPORATION NAME:

DUE DATE: **4/30/2016**

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.

<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: 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: REBECCA JUSTICE TITLE: ACTUARY ADDRESS: 29100 AURORA RD. CITY/ST/ZIP/CO: SOLON, OH 44139</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: HAROLD NEIL LUND TITLE: DIRECTOR ADDRESS: 2211 SANDERS ROAD CITY/ST/ZIP/CO: NORTHBROOK, IL 60062</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

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.

/s/ LLOYD MCDONALD	LLOYD MCDONALD, PRESIDENT	4/28/2016
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.