

1.) CORPORATION NAME:

**AMERICAN REPUBLIC INSURANCE COMPANY**

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F0163701**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	5,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**IA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 601 SIXTH AVE

CITY/ST/ZIP: DES MOINES, IA 50334

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:	MICHAEL E ABBOTT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	P O BOX 1		
CITY/ST/ZIP/CO:	DES MOINES, IA 50334		

NAME:	TIMOTHY JOHN HALL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	601 6TH AVENUE		
CITY/ST/ZIP/CO:	DES MOINES, IA 50309		

NAME:	CRAIG BAINBRIDGE MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4640 PERRY WAY		
CITY/ST/ZIP/CO:	SIOUX CITY, IA 51104		

NAME:	RUSSELL C DAVIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	184 CAMERON STATION BLVD		
CITY/ST/ZIP/CO:	ALEXANDRIA, VA 22304		

NAME:	JAMES A WALKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2685 NORTH SHORE DR		
CITY/ST/ZIP/CO:	WAYZATA, MN 55391		

NAME:	MARK S MOVIC	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	601 6TH AVENUE		
CITY/ST/ZIP/CO:	DES MOINES, IA 50309		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSEPH E BLAIR, JR DIRECTOR 601 6TH AVENUE DES MOINES, IA 50309	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TOM D EILERS DIRECTOR 601 6TH AVENUE DES MOINES, IA 50309	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRENT (CHRIS) B GREEN DIRECTOR 601 6TH AVENUE DES MOINES, IA 50309	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN L MAGINN DIRECTOR 601 6TH AVENUE DES MOINES, IA 50309	<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/ TIMOTHY JOHN HALL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TIMOTHY JOHN HALL, SECRETARY PRINTED NAME AND CORPORATE TITLE	8/16/2013 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.			