

1.) CORPORATION NAME:

Southern Pilot Insurance Company

DUE DATE: **12/31/2011**

SCC ID NO: **F0165540**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CT CORPORATION SYSTEM

4701 COX RD STE 301

GLEN ALLEN, VA 23060-6802

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	200,000
PREFER	250,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

WI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE GENERAL DR

CITY/ST/ZIP: SUN PRAIRIE, WI 53596-

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: JENNIFER J VERNON
TITLE: SECRETARY
ADDRESS: ONE GENERAL DR
CITY/ST/ZIP/CO: SUN PRAIRIE, WI 53596-

OFFICER

DIRECTOR

NAME: DOMINGO A CID
TITLE: PRESIDENT
ADDRESS: WALL STREET PLAZA
88 PINE STREET
CITY/ST/ZIP/CO: NEW YORK, NY 10005-

OFFICER

DIRECTOR

NAME: ROBERT FRANZINO
TITLE: TREASURER
ADDRESS: WALL STREET PLAZA
88 PINE STREET
CITY/ST/ZIP/CO: NEW YORK, NY 10005-

OFFICER

DIRECTOR

NAME: FRANCIS M O'HALLORAN
TITLE: DIRECTOR
ADDRESS: WALL STREET PLAZA
88 PINE STREET
CITY/ST/ZIP/CO: NEW YORK, NY 10005-

OFFICER

DIRECTOR

NAME: HARVEY J BAZAAR
TITLE: DIRECTOR
ADDRESS: WALL STREET PLAZA
88 PINE STREET
CITY/ST/ZIP/CO: NEW YORK, NY 10005-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROBERT BYLER DIRECTOR WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY DEAL DIRECTOR 7333 SUNWOOD DRIVE RAMSEY, MN 55303-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ROD FARRELL DIRECTOR WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JAMES J FIORE DIRECTOR WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTOPHER C FISH DIRECTOR WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARC METCALF DIRECTOR 210 INTERSTATE NORTH PARKWAY, SUITE 400 ATLANTA, GA 30339-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN NEAL DIRECTOR WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANTHONY R PRZYBYSZEWSKI DIRECTOR WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN RUMPLER DIRECTOR WALL STREET PLAZA 88 PINE STREET NEW YORK, NY 10005-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: MIKE SCALA TITLE: DIRECTOR ADDRESS: WALL STREET PLAZA 88 PINE STREET CITY/ST/ZIP/CO: NEW YORK, NY 10005-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JODIE L BURTNETT TITLE: ASST SECRETARY ADDRESS: ONE GENERAL DRIVE CITY/ST/ZIP/CO: SUN PRAIRIE, WI 53596-	<input checked="" type="checkbox"/> OFFICER	<input 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/ JODIE L BURTNETT</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JODIE L BURTNETT, ASST <u>SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>12/20/2011</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.