

1.) CORPORATION NAME:

Southern Pilot Insurance Company

DUE DATE: **12/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F0165540**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500,000
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: DOMINGO A CID TITLE: PRESIDENT ADDRESS: WALL STREET PLAZA 88 PINE STREET CITY/ST/ZIP/CO: NEW YORK, NY 10005	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JENNIFER J VERNON TITLE: SECRETARY ADDRESS: ONE GENERAL DR CITY/ST/ZIP/CO: SUN PRAIRIE, WI 53596	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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
NAME: Wendall Stocker TITLE: TREASURER ADDRESS: WALL STREET PLAZA 88 PINE STREET CITY/ST/ZIP/CO: NEW YORK, NY 10005	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: HARVEY J BAZAAR 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
NAME: Christopher Davies 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

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:	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:	FRANCIS M O'HALLORAN 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: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MIKE SCALA 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:	Sue Harnett DIRECTOR Wall Street Plaza 88 Pine Street New York, NY 10005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	John Langione	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Wall Street Plaza		
CITY/ST/ZIP/CO:	88 Pine Street New York, NY 10005		

NAME:	Michael Scala	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	Wall Street Plaza		
CITY/ST/ZIP/CO:	88 Pine Street New York, NY 10005		

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/ JODIE L BURTNETT	JODIE L BURTNETT, ASST	12/7/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.