

1.) CORPORATION NAME:

Medico Insurance Company

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**

DUE DATE: **1/31/2012**

SCC ID NO: **F0172371**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
NE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1515 S 75TH ST

CITY/ST/ZIP: OMAHA, NE 68124-

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: DESIREE L BUCKLEY
TITLE: VICE PRESIDENT
ADDRESS: 1515 S 75TH ST
CITY/ST/ZIP/CO: OMAHA, NE 68124-

OFFICER DIRECTOR

NAME: MICHAEL J. LEAHY
TITLE: VP/SEC/GC
ADDRESS: 1515 S 75TH ST
CITY/ST/ZIP/CO: OMAHA, NE 68124-

OFFICER DIRECTOR

NAME: RICHARD M WOODWARD
TITLE: VICE PRESIDENT
ADDRESS: 1515 S 75TH ST
CITY/ST/ZIP/CO: OMAHA, NE 68124-

OFFICER DIRECTOR

NAME: PATRICIA M KEAIRNES
TITLE: VP/TREAS/CFO
ADDRESS: 1515 S 75TH ST
CITY/ST/ZIP/CO: OMAHA, NE 68124-

OFFICER DIRECTOR

NAME: TIMOTHY J HALL
TITLE: P/CEO
ADDRESS: 1515 S 75TH ST
CITY/ST/ZIP/CO: OMAHA, NE 68124-

OFFICER DIRECTOR

NAME: JILL M BURNS TITLE: VP/CHIEF ACTURY ADDRESS: 1515 S 75TH ST CITY/ST/ZIP/CO: OMAHA, NE 68124-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: WILLIAM P JETTER TITLE: VP/CMO ADDRESS: 1515 S 75TH ST CITY/ST/ZIP/CO: OMAHA, NE 68124-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: STEPHEN E KING TITLE: VICE PRESIDENT ADDRESS: 1515 S 75TH ST CITY/ST/ZIP/CO: OMAHA, NE 68124-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: JACQUELINE L KRENZER TITLE: VICE PRESIDENT ADDRESS: 1515 S 75TH ST CITY/ST/ZIP/CO: OMAHA, NE 68124-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: SHELLEY A RICHARD TITLE: VICE PRESIDENT ADDRESS: 1515 S 75TH ST CITY/ST/ZIP/CO: OMAHA, NE 68124-	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR
NAME: MICHAEL A KELLEY TITLE: COB ADDRESS: 7134 PACIFIC STREET CITY/ST/ZIP/CO: OMAHA, NE 68106-	<input checked="" 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/ PATRICIA M KEAIRNES SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PATRICIA M KEAIRNES, VP/TREAS/CFO PRINTED NAME AND CORPORATE TITLE
12/15/2011 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.	