

1.) CORPORATION NAME:

DUE DATE: **1/31/2013**

**Medico Insurance Company**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F0172371**

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

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: 11808 Grant Street

CITY/ST/ZIP: OMAHA, NE 68164

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: TIMOTHY J HALL TITLE: P/CEO ADDRESS: 1515 S 75TH ST CITY/ST/ZIP/CO: OMAHA, NE 68124</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JILL M BURNS TITLE: VP/CHIEF ACTURY ADDRESS: 1515 S 75TH ST CITY/ST/ZIP/CO: OMAHA, NE 68124</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: WILLIAM P JETTER TITLE: VP/CMO ADDRESS: 1515 S 75TH ST CITY/ST/ZIP/CO: OMAHA, NE 68124</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: PATRICIA M KEAIRNES TITLE: VP ADDRESS: 1515 S 75TH ST CITY/ST/ZIP/CO: OMAHA, NE 68124</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: RICHARD M WOODWARD TITLE: VICE PRESIDENT ADDRESS: 1515 S 75TH ST CITY/ST/ZIP/CO: OMAHA, NE 68124</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: Michael E Abbott TITLE: COB/D ADDRESS: 601 6th Avenue CITY/ST/ZIP/CO: Des Moines, IA 50309</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	Brian S Fellner	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	Sr VP/CFO/Treas		
ADDRESS:	601 6th Avenue		
CITY/ST/ZIP/CO:	Des Moines, IA 50309		

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 J HALL	TIMOTHY J HALL, P/CEO	12/12/2012
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.