

1.) CORPORATION NAME:

DUE DATE: **1/31/2014**

Medico Insurance Company

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F0172371**

**CORPORATION SERVICE COMPANY
BANK OF AMERICA CENTER, 16TH FLOOR
1111 EAST MAIN STREET**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

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.

NAME:	TIMOTHY J HALL	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	11808 GRANT STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68164		

NAME:	WILLIAM P JETTER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP		
ADDRESS:	11808 GRANT STREET		
CITY/ST/ZIP/CO:	OMAHA, NE 68164		

NAME:	MICHAEL E ABBOTT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COB/D		
ADDRESS:	601 6TH AVENUE		
CITY/ST/ZIP/CO:	DES MOINES, IA 50309		

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

NAME:	SUSAN E VOSS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/GEN COUNSEL		
ADDRESS:	601 6TH AVENUE		
CITY/ST/ZIP/CO:	DES MOINES, IA 50309		

NAME:	MARGARET A BROWN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/ASST SECRETARY		
ADDRESS:	601 6TH AVENUE		
CITY/ST/ZIP/CO:	DES MOINES, IA 50309		

NAME: RANDY D CAIRNS TITLE: VP/CIO ADDRESS: 601 6TH AVENUE CITY/ST/ZIP/CO: DES MOINES, IA 50309	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	---	-----------------------------------

NAME: MEDHA K JOHNSON TITLE: ASST VP ADDRESS: 601 6TH AVENUE CITY/ST/ZIP/CO: DES MOINES, IA 50309	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
--	---	-----------------------------------

NAME: SARA E LEHAN TITLE: ASST VP ADDRESS: 601 6TH AVENUE CITY/ST/ZIP/CO: DES MOINES, IA 50309	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
---	---	-----------------------------------

NAME: MARK A WILLSE TITLE: VP/CHIEF ACTUAR ADDRESS: 601 6TH AVENUE CITY/ST/ZIP/CO: DES MOINES, IA 50309	<input checked="" type="checkbox"/> OFFICER	<input 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 J HALL	TIMOTHY J HALL, P/CEO	12/31/2013
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.