

1.) CORPORATION NAME:

Medico Insurance Company

DUE DATE: **1/31/2015**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F0172371**

RICHMOND, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

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

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

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

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

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

NAME: MARK S MOVIC TITLE: T/VP/CFO ADDRESS: 601 6TH AVENUE CITY/ST/ZIP/CO: DES MOINES, IA 50309	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: SUSAN E VOSS TITLE: VP/GEN COUNSEL 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
NAME: MICHAEL E ABBOTT TITLE: COB/D ADDRESS: 601 6TH AVENUE CITY/ST/ZIP/CO: DES MOINES, IA 50309	<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/ TIMOTHY J HALL	TIMOTHY J HALL, P/CEO	12/12/2014
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.		