

1.) CORPORATION NAME:

**Dairyland Insurance Company**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM**

**4701 COX RD STE 301**

**GLEN ALLEN, VA 23060-6802**

DUE DATE: **9/30/2012**

SCC ID NO: **F0183337**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500
PREFER	100,000

4.) STATE OR COUNTRY OF INCORPORATION:

**WI**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1800 NORTH POINT DRIVE

CITY/ST/ZIP: STEVENS POINT, WI 54481-1283

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: JOSEPH W METZ TITLE: PRESIDENT ADDRESS: 1800 NORTH POINT DRIVE CITY/ST/ZIP/CO: STEVENS POINT, WI 54481	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MICHAEL J WILLIAMS TITLE: VICE PRESIDENT ADDRESS: 1800 NORTH POINT DRIVE CITY/ST/ZIP/CO: STEVENS POINT, WI 54481	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: DALE R SCHUH TITLE: CHAIRMAN ADDRESS: 1800 NORTH POINT DRIVE CITY/ST/ZIP/CO: STEVENS POINT, WI 54481	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: PETER G. MCPARTLAND TITLE: DIRECTOR ADDRESS: 1800 NORTH POINT DRIVE CITY/ST/ZIP/CO: STEVENS POINT, WI 54481	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Kenneth J. Erler TITLE: SECRETARY ADDRESS: 1800 NORTH POINT DRIVE CITY/ST/ZIP/CO: STEVENS POINT, WI 54481	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: James E. Davenport TITLE: TREASURER ADDRESS: 1800 NORTH POINT DRIVE CITY/ST/ZIP/CO: STEVENS POINT, WI 54481	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	James J. Weishan	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1800 North Point Drive		
CITY/ST/ZIP/CO:	Stevens Point, WI 54481		

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/ Kenneth J.Erler	Kenneth J.Erler,	8/7/2012
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.