

1.) CORPORATION NAME:

WINDSOR-MOUNT JOY MUTUAL INSURANCE COMPANY

DUE DATE: **6/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ALBERT M ORGAIN IV
1111 E. MAIN ST., SUITE 2400
P.O. BOX 1998**

SCC ID NO: **F0189565**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA 23218-1998

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

PA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 21 WEST MAIN ST
PO BOX 587

CITY/ST/ZIP: EPHRATA, PA 17522-0587

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:	MICHAEL R KLINEFELTER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/T/CEO		
ADDRESS:	1142 LONG LANE		
CITY/ST/ZIP/CO:	MILLERSVILLE, PA 17551		

NAME:	EDWARD J CORRELL JR	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VP/S/CFO		
ADDRESS:	2521 CHERRYVILLE ROAD		
CITY/ST/ZIP/CO:	NORTHAMPTON, PA 18067-1125		

NAME:	RONALD M BOLTZ	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	325 S 9TH ST		
CITY/ST/ZIP/CO:	AKRON, PA 17501		

NAME:	WILLIAM C HACKER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1605 N CEDAR CREST BLVD SUITE 410		
CITY/ST/ZIP/CO:	ALLENTOWN, PA 18104		

NAME:	DAVID O HUNT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1029 LINCOLN HEIGHTS AVE		
CITY/ST/ZIP/CO:	EPHRATA, PA 17522		

NAME:	DOUGLAS L UNDERWOOD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	1526 CEDAR RD		
CITY/ST/ZIP/CO:	LANCASTER, PA 17601-4018		

NAME: JACOB M KLINEFELTER OFFICER DIRECTOR
TITLE: DIRECTOR
ADDRESS: 1142 LONG LANE
CITY/ST/ZIP/CO: MILLERSVILLE, PA 17551

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/ MICHAEL R KLINEFELTER	MICHAEL R KLINEFELTER,	6/22/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	P/T/CEO 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.