

1.) CORPORATION NAME:

NCMIC Insurance Company

DUE DATE: **9/30/2011**

SCC ID NO: **F0372161**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

NATIONAL REGISTERED AGENTS INC

4001 North Ninth Street, Suite 227

ARLINGTON, VA 22203

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

IA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 14001 UNIVERSITY AVE

CITY/ST/ZIP: CLIVE, IA 50325-8258

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: RODNEY WARREN
TITLE: PRESIDENT
ADDRESS: 14001 UNIVERSITY AVE
CITY/ST/ZIP/CO: CLIVE, IA 50325-8258

OFFICER

DIRECTOR

NAME: BRUCE BEAL
TITLE: VICE PRESIDENT
ADDRESS: 14001 UNIVERSITY AVE
CITY/ST/ZIP/CO: CLIVE, IA 50325-

OFFICER

DIRECTOR

NAME: BRIAN GAFFNEY
TITLE: ASST VP
ADDRESS: 14001 UNIVERSITY AVE
CITY/ST/ZIP/CO: CLIVE, IA 50325-8258

OFFICER

DIRECTOR

NAME: KEITH HENAMAN
TITLE: ASST VP
ADDRESS: 14001 UNIVERISTY AVE
CITY/ST/ZIP/CO: CLIVE, IA 50325-8258

OFFICER

DIRECTOR

NAME: ROGER L SCHLUETER
TITLE: T/S
ADDRESS: 14001 UNIVERSITY AVE
CITY/ST/ZIP/CO: CLIVE, IA 50325-8258

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARB CLARK Asst. VP 14001 UNIVERSITY AVENUE CLIVE, IA 50325-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOE SODA Asst. VP 14001 UNIVERSITY AVENUE CLIVE, IA 50325-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MATT GUSTAFSON Asst. VP 14001 UNIVERSITY AVENUE CLIVE, IA 50325-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MIKE WHITMER Asst. VP 14001 UNIVERSITY AVENUE CLIVE, IA 50325-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAREN WHITNEY Asst. VP 14001 UNIVERSITY AVENUE CLIVE, IA 50325-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID SIEBERT Asst. VP 14001 UNIVERSITY AVENUE CLIVE, IA 50325-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAT MCNERNEY DIRECTOR 14001 UNIVERSITY AVENUE CLIVE, IA 50325-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GREGORY COLE DIRECTOR 14001 UNIVERSITY AVENUE CLIVE, IA 50325-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ERIC MADCHARO DIRECTOR 14001 UNIVERSITY AVENUE CLIVE, IA 50325-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JUDY BOHROFEN DIRECTOR 14001 UNIVERSITY AVENUE CLIVE, IA 50325-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: JONATHAN ROTH TITLE: DIRECTOR ADDRESS: 14001 UNIVERSITY AVENUE CITY/ST/ZIP/CO: CLIVE, IA 50325-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: JACQUELINE ANDERSON TITLE: Secretary, VP ADDRESS: 14001 UNIVERSITY AVENUE CITY/ST/ZIP/CO: CLIVE, IA 50325-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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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/ JACQUELINE ANDERSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JACQUELINE ANDERSON, Secretary, VP PRINTED NAME AND CORPORATE TITLE	7/29/2011 DATE
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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.