

1.) CORPORATION NAME:

**NCMIC Insurance Company**

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**NATIONAL REGISTERED AGENTS INC  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F0372161**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO 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.

<p>NAME: RODNEY WARREN TITLE: PRESIDENT ADDRESS: 14001 UNIVERSITY AVE CITY/ST/ZIP/CO: CLIVE, IA 50325-8258</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: JACQUELINE ANDERSON TITLE: SECRETARY, VP ADDRESS: 14001 UNIVERSITY AVENUE CITY/ST/ZIP/CO: CLIVE, IA 50325</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: BRUCE BEAL TITLE: VICE PRESIDENT ADDRESS: 14001 UNIVERSITY AVE CITY/ST/ZIP/CO: CLIVE, IA 50325</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: BARB CLARK TITLE: ASST. VP ADDRESS: 14001 UNIVERSITY AVENUE CITY/ST/ZIP/CO: CLIVE, IA 50325</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MATT GUSTAFSON TITLE: ASST. VP ADDRESS: 14001 UNIVERSITY AVENUE CITY/ST/ZIP/CO: CLIVE, IA 50325</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: KEITH HENAMAN TITLE: ASST VP ADDRESS: 14001 UNIVERISTY AVE CITY/ST/ZIP/CO: CLIVE, IA 50325-8258</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME:	PAUL LUCKMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST VP		
ADDRESS:	14001 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	CLIVE, IA 50325-8258		
NAME:	DAVID SIEBERT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST. VP		
ADDRESS:	14001 UNIVERSITY AVENUE		
CITY/ST/ZIP/CO:	CLIVE, IA 50325		
NAME:	JOE SODA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST. VP		
ADDRESS:	14001 UNIVERSITY AVENUE		
CITY/ST/ZIP/CO:	CLIVE, IA 50325		
NAME:	MIKE WHITMER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST. VP		
ADDRESS:	14001 UNIVERSITY AVENUE		
CITY/ST/ZIP/CO:	CLIVE, IA 50325		
NAME:	CAREN WHITNEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST. VP		
ADDRESS:	14001 UNIVERSITY AVENUE		
CITY/ST/ZIP/CO:	CLIVE, IA 50325		
NAME:	ROGER L SCHLUETER	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	T/S		
ADDRESS:	14001 UNIVERSITY AVE		
CITY/ST/ZIP/CO:	CLIVE, IA 50325-8258		
NAME:	JUDY BOHROFEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	14001 UNIVERSITY AVENUE		
CITY/ST/ZIP/CO:	CLIVE, IA 50325		
NAME:	GREGORY COLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	14001 UNIVERSITY AVENUE		
CITY/ST/ZIP/CO:	CLIVE, IA 50325		
NAME:	ERIC MADCHARO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	14001 UNIVERSITY AVENUE		
CITY/ST/ZIP/CO:	CLIVE, IA 50325		
NAME:	PAT MCNERNEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	14001 UNIVERSITY AVENUE		
CITY/ST/ZIP/CO:	CLIVE, IA 50325		
NAME:	JONATHAN ROTH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	14001 UNIVERSITY AVENUE		
CITY/ST/ZIP/CO:	CLIVE, IA 50325		
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/ RODNEY WARREN	RODNEY WARREN, PRESIDENT	10/16/2013
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.		