

1.) CORPORATION NAME:

PATRIOT GENERAL INSURANCE COMPANY

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E. AUTH IN VI CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060-6802**

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

SCC ID NO: **F0415895**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	20,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:
HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:
WI

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1800 NORTH POINT DRIVE

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

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: DANIEL L REVAI
TITLE: PRESIDENT
ADDRESS: 1800 NORTH POINT DRIVE
CITY/ST/ZIP/CO: STEVENS POINT, WI 54481-

OFFICER DIRECTOR

NAME: MICHAEL J WILLIAMS
TITLE: VICE PRESIDENT
ADDRESS: 1800 NORTH POINT DRIVE
CITY/ST/ZIP/CO: STEVENS POINT, WI 54481-

OFFICER DIRECTOR

NAME: WILLIAM J LOHR
TITLE: TREASURER
ADDRESS: 1800 NORTH POINT DRIVE
CITY/ST/ZIP/CO: STEVENS POINT, WI 54481-

OFFICER DIRECTOR

NAME: WILLIAM M OREILLY
TITLE: SECRETARY
ADDRESS: 1800 NORTH POINT DRIVE
CITY/ST/ZIP/CO: STEVENS POINT, WI 54481-

OFFICER DIRECTOR

NAME: DALE R SCHUH
TITLE: COB/D
ADDRESS: 1800 NORTH POINT DRIVE
CITY/ST/ZIP/CO: STEVENS POINT, WI 54481-

OFFICER 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.

<u>/s/ WILLIAM M OREILLY</u>	<u>WILLIAM M OREILLY, SECRETARY</u>	<u>8/5/2011</u>
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.		